Health Sector Labour Force and Training Needs Assessment

Final Report

November, 2000

THE
Trimension™
GROUP

Acknowledgements

The Health Sector in this province is one of the largest and most diverse employer groups. This sector is central to our society and to the economy of Saskatchewan. The challenges facing this sector will largely be addressed through effective human resource planning and training. The Health Sector Partnership's ability to support and assist in the development of the human resource and training needs is going to be a continuous function.

The Saskatchewan Health Sector Partnership wishes to express appreciation for the contribution of representatives of the sector from the employers, education and training providers, professional associations, labour organizations, Aboriginal partners, and particularly the members of the Steering Committee whose insights and guidance all contributed greatly to this report.

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Saskatchewan Union of Nurses
Saskatoon Health District
Service Employees International Union
SIAST Woodland Campus Academic Centre
South Central Health District

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- Literature Review

Decision Research Inc. and Direct Arrow Communications

- Needs Assessment Surveys

Trimension Training & Consulting Group Inc.

-Industry Validation
-Training Database
-Final Report

Disclaimer: The Health Industry Sector Partnership Steering Committee recognizes there are certain research limitations and information gaps in this report. The Steering Committee believes one of the reasons for these inconsistencies may be a result of current changes and redevelopment in the health care information system. As well, the diversity of the Health Sector added to the difficulty of capturing the needs assessment information in a survey methodology. This, in turn, made it difficult to implement a methodology that was able to address the needs of every stakeholder. This then, accounts for the gaps in information provided by the Districts and Affiliates.

If there are any questions regarding the content of this report, the Health Sector Partnership Steering Committee is available to provide information and assistance.

Executive Summary

Working on behalf of the Saskatchewan Health Sector Partnership Steering Committee, and with the Saskatchewan Department of Post–Secondary Education and Skills Training, Trimension Group, Thomas Marwick and Associates, Decision Research Inc. and Direct Arrow Communications were contracted to conduct research to identify the human resource and training needs of the health sector in the province and to devise strategies for human resource and training planning.

INTRODUCTION

In order to develop and implement the most appropriate strategies for a proactive human resource and training plan for the industry, the Saskatchewan Health Sector Partnership undertook a survey and study of industry and its members to identify human resource and training needs of the current and future requirements of the industry. This report presents the results of this research.

METHODOLOGY

Direct Arrow Communications, in association with Decision Research Inc., were engaged as consultants to conduct the primary research, which includes:

- a literature review which included;
    - an overview of the health sector, its composition, structure and direction and anticipated short and medium term changes;
    - identification of key human resource and training issues in the health sector; and,
    - identified issues related to the employment of Aboriginal people in the health sector and data.
- a needs assessment survey.

Trimension Training & Consulting Group Inc. was contracted to complete the industry validation of the research data, develop the training database and complete the final report. Five (5) focus groups were conducted with representative stakeholders of the health sector in Saskatchewan to gain further insight into the results of the telephone survey as well as to explore and report the viewpoints of these individuals regarding training needs within the industry. A moderator guide was developed and used to stimulate the discussion. A separate guide was developed for the focus group for the education and training providers. Participants were asked a series of questions compiled using the survey instrument and results, as well as input and ideas generated from the Steering Committee. The following broad areas were addressed:

- Labour force growth – recruitment and retention;
- Education and training;
- Development of a representative workforce;
- General.

KEY FINDINGS

From the results obtained through the research, the focus groups and members of the Health Sector Steering Committee, several key areas and issues were identified. They have been compiled into the following key findings:

Representative Workforce

A representative workforce was identified as a very important component for Aboriginal people participating in the Health Sector. The research identified the need to deal with negative attitudes and racism in the workplace. Education on these issues would lead to greater Aboriginal participation and employment. There is a need for more visible and effective role models within the health sector. More Aboriginal teachers and training providers are required and there is a need to develop and provide education and awareness training. Employers and unions support the concept of establishing representative workforce strategies, as well the Steering Committee sees this as a high priority.

Understanding the Role of Unions

The findings from the research indicate there is a lack of understanding about the role the unions play when it comes to recruitment, seniority and collective agreements. Many people stated they felt that seniority was an issue and a potential barrier to obtain employment, particularly for aboriginal people. In actuality, seniority is not the problem in obtaining employment, the problem is getting seniority because of all the casual and part-time positions in the health sector.

This indicates there is a need to provide better information and education about the role unions play in the workplace and use this information to address the issue of seniority, part-time and casual employment and getting more aboriginal people participating in the workforce of the health sector.

Education and Training Accessibility

The research found that health district employees are totally supportive of the need for better access to education and training programs. This need was identified for both the existing employees who wish to upgrade and update themselves, as well as for people who wish to take training in order to gain employment in the health sector. Most employees of the health districts indicated a need for training to be available so it could be taken within their home community or near by. Many suggested there are portions of the training that can be offered in home communities, therefore students need only travel to training centres which have access to highly technical equipment and facilities which are required for some portions of the training.

The practical nature of training often necessitates direct student contact with instructors. Therefore pure distance education programs were not always seen as appropriate and only certain components of a program or course can be delivered through distance education.

The use of the internet and computer based training were suggested as effective methods to be used in distance delivery, as well as the traditional models of satellite, correspondence and teleconferencing delivery.

The primary issue found was accessibility to education and training programs, particularly for the northern and rural health districts. The findings identified ways to improve accessibility could be attained through the use of various media, such as:

- distance delivery;
- combination of training in the community and in larger centres;
- workplace or on-the-job training.

Recruitment and Retention

The study revealed that recruitment and retention of employees was a provincial wide issue and in particular, it was a real barrier for northern and rural health districts. Employers cited the lack of amenities, housing and pay were the contributing factors to attracting employees to jobs in the north or rural districts. This has been identified as a major issue for the northern health districts. Urban employers indicated the out migration and the attraction to other provinces and countries were the causes to their recruitment and retention problems.

The findings indicated there is a need to promote the health sector as having well paying and rewarding careers. Development of peer groups or mentors to offer support when needed was also suggested as ways to retain employees. The need to improve the education and training opportunities, particularly in the northern and rural districts where local people can access training and given employment opportunities rather than trying to recruit people from outside to a job. The common response was to train community members to take local jobs because they already have roots in that community and will more than likely stay.

Occupational Training Needs

Based on the research compiled from the vacancy and turnover rates and the Health Employer Survey, there were a number of occupational groups where training is needed. They include Home Care/Special Care Aides, Therapists, Licensed Practical Nurses and Nurses. The northern and rural communities also indicated a need for trained technicians in X-ray and lab. It was also identified that the need for the advanced practical nurses to specialize in gerontology because of our aging population which will lead to an increase in Level III and IV long term care. This will also create a need for facilities and other employees to work in order to meet the demand. Education and training institutions need to work collaboratively to meet this training demand.

Provincial Coordination of Human Resources Planning

The findings indicated that there are a number of agencies, organizations and communities working on various aspects and issues surrounding the human resource and training needs of the health sector. There were indications from survey participants that these organizations do not or are not communicating effectively or regularly with each other, nor do they know or understand each others mandates or purposes.

The Steering Committee felt it was necessary to develop an effective communication plan to co-ordinate human resource data gathering and develop a co-ordinated approach with all groups to obtain and share information. Committees could be formed into sub groups or committees to address specific issues. The Steering Committee felt the provincial government needs to be involved at some stage to assist in co-ordinating this process provincially.

Education and Training Agreements and Collaboration

The research revealed collaboration and communication is somewhat lacking particularly amongst the education and training institutions themselves and between them and the health sector employers. The findings indicated there is communication and collaborating occurring, but it is not regular nor sustained. Lack of funding for training in the health sector was cited as an issue. The fact that funding is presently provided to the health districts and to the education and training institutions on a year to year basis, makes it difficult to make long range plans and commitments for the development and delivery of training programs to meet the need.

The high cost of tuition fees for education and training was also identified as a barrier, in particular the fees charged for Special Care Aid training was stated as very high, especially for the income one earns once trained. However, recently it was announced that SIAST has addressed this issue by making it a core program thus reducing the tuition because it is no longer required to be offered on a cost recovery basis.

Other findings from the research indicated that course content or pre-requisites may not always be relevant to the occupation. As well, there are not enough seats available to meet the job demand and it was stated that some programs are not available because they are not based or delivered in their community. An example cited was the fact that Licensed Practical Nursing (LPN) training was not delivered in Saskatoon and yet there is a demand for that training there.

The results indicate there is a need to strengthen and improve the pre-requisite knowledge of students for many of the health programs, particularly the math and science requirements. A closer collaboration between employers and education and training institutions is needed so they can address such issues as adequate training spaces, ensuring consistency regarding educational qualifications and delivery locations.

This Council needs to continue and expand to ensure better collaboration between all the stakeholders involved in the human resource and training needs of the health sector. The Province Representative Workforce Council was established by Government to explore partnerships with employers, training institutions and the Aboriginal community.

Aboriginal Awareness and Culturally Relevant Training

The findings from the study identified that issues of racism and misconceptions about aboriginal people exist. There is research which indicates by 2012[1] there will be an additional 46,000 aboriginal persons ready to enter the workforce. This fact, coupled with the grossly under-representation of Aboriginal people in the health sector that already exists means the need for more integration into the workforce. Aboriginal people need to be encouraged by all facets to participate fully in the health sector and for that matter in all sectors of the provincial economy.

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[1] HRDC - LMI.

It has become clear from the research that in order to achieve a representative workforce in the health sector, the workplace has to be better prepared for aboriginal people entering and becoming employed in this sector. In order to accomplish this goal, two major issues need addressing:

- development and delivery of aboriginal awareness training in the workplace and have all aspects of the workplace participate in this training; and
- improving the integration of culturally relevant content into the curriculum of all the education and training programs and courses.

RECOMMENDATIONS

The following recommendations were developed by the Steering Committee and are based on discussions with the Committee about the research conducted. The recommendations, proposed by the Steering Committee are to serve as a guide for the future direction of the Sector Partnership. As the Committee's work continues, these recommendations will evolve into the basis for further action, through the refinement of goals and strategies and in keeping with the changing needs of the industry. These recommendations encompass strategies to keep abreast of changing human resource and training needs in the industry, as well as strategies to address the pressing concerns of today.

Data collection

Recommendation: The Steering Committee recommends that a consistent means to collect data be identified, developed and implemented.

Data Collection Strategies

- Develop a central registry for all information that has or will be collected regarding Health sector issues.
- A 'standardized method' of data collection needs to be implemented so all participants are dealing with the same data. Currently there is an abundance of data available but it has not been collected in the same manner from all participants.
- Communicate to stakeholders the need for resources, both financial and human, to undertake the data collection.
- Establish linkages to the job evaluation project.
- Access (payroll project) payroll systems to gather some of the data that is available from all participants.
- Share the information held by the various stakeholders i.e., Sask Health, SAHO, etc. The information that is currently in place should be used.
- Training database will be validated by the education and training institution.
- In the future, more assertive methods be undertaken for data collection which needs to be done on a more consistent basis for such things as succession planning and training delivery.

Web Site

Recommendation: The Steering Committee recommends a website to house the training database be developed and maintained for on-going updating and enhancement of training information. The Steering Committee working in partnership with SAHO can decide where the database should be housed and how to maintain it on a consistent basis. The website should include such information as job classification, salary range, in-scope and out-of-scope positions, job descriptions, and qualifications.

Web Site Strategies

- Steering Committee work with SAHO on the logistics of establishing and housing the database.
- Examine hiring a person to maintain the database on an on-going basis to ensure consistency and accuracy.
- Link all training institutions at the web site stage.

Overcoming Barriers to Employment

Recommendation: The Steering Committee recommends that strategies be implemented to address the following barriers to employment:

- Misconception, misinformation and negative attitudes toward aboriginal people.
- The cyclical nature of entry level employment which leads to low retention and turnover.
- Misunderstanding of the role of unions.
- Lack of accurate information and employment status for succession planning.
- Reduced accessibility to jobs in the rural and northern districts due to casual hiring practices.
- Access to advanced math and science subjects in rural and northern areas.
- Access to training in the north.
- The high cost of education and training versus low level income.
- The arbitrarily "raising of the bar" for qualifications for low skill employment jobs (i.e. a job that requires a grade 8 education being moved to requiring a grade 12 education).

Employment Strategies to Address Barriers

- Communicate the information on labour market demands and job projects to both the employers and to prospective and current employees so that individuals can plan for the training they need, select the job they want and begin succession planning. This information should be made available to the K-12 aboriginal and non-aboriginal school systems, Aboriginal organizations and on the SAHO website for the general public.
- Provide accurate information about the role of seniority.
- Provide generic information about all the jobs in each district including those that are occupied.
- Health Care needs to be promoted as a positive place to work. The Committee should identify areas that may be seen as casting a negative light on Health Care careers and take an active role in representing it favorably to the public. The Steering Committee can participate in the strategies to promote health careers in a positive manner and the health sector as an employer of choice.
- Health employers hire an aboriginal employment co-ordinator.

Education and Training Requirements

Recommendation:

1. The Steering Committee recommends talks be started with Saskatchewan Education to discuss the urgent need for the delivery of math and science 10, 20, and 30 levels, particularly in rural and northern Saskatchewan schools and to develop alternative ways to deliver these subjects. It was identified in the study that prospective rural and northern students do not always have the required pre-requisite education to enter health career education and training programs.
2. Develop culturally relevant math and science content for the K-12 subjects and culturally relevant content in post-secondary educational programs (i.e. Home Care/Special Care Aid and Nursing).

Recommendation #1 Strategies

- Improve access to the advanced levels in the math and science subjects for rural and northern students through consultation and work with Saskatchewan Education.
- Collaborate with education and training institutions to ensure consistency regarding the educational qualifications for each position classification.
- Utilize the aboriginal employment co-ordinator to work with schools to address education and entrance requirements and promote health careers.
- Market and promote the various preparatory programs that have been developed by the education and training institutions which improve success rates for students entering into health career programs. These programs will serve as a stop gap until such time as the regular math and science school programs are available.
- Work closely with the Provincial Representative Workforce Council to share information from this Committee and work together on common issues or needs.

Recommendation #2 Strategies

- Strengthen and ensure there is integration of aboriginal awareness content into the curriculum of high school subjects, occupational skill training programs and post-secondary educational courses.
- Improve and enhance consultation with the aboriginal education and training institutions in the development of culturally relevant education and training curriculum and utilize these aboriginal institutions in the delivery of these curricula.
- In collaboration with the aboriginal educational system, incorporate and use aboriginal essential learning developed by the aboriginal educational system.

Workplace Aboriginal Awareness Training

Recommendation: The Steering committee recommends training take place in all workplaces on Aboriginal Awareness to prepare the workplace. A communication strategy should be developed for the workplace explaining the representative workforce strategy.

Aboriginal Awareness Strategies

- Develop a marketing strategy and identify the various media (newsletter) that can be used to get the message out to the employers, union, employees and board members, about the Aboriginal Employment Development Program and its initiatives and strategies to attain a representative workforce in this industry.
- Aboriginal employment coordinators to participate in the development of Aboriginal Awareness Training in the workplace.
- Establish mentorship/role models between current health care workers and prospective employees and students.
- Involve all stakeholders to participate in aboriginal awareness training.
- Aboriginal education and training institutions to play a role in the development and delivery of workplace aboriginal awareness training sessions.
- Use aboriginal people in the delivery of aboriginal awareness training.

Role of Unions

Recommendation:

1. Employers, unions and the Aboriginal community work together in an ongoing forum to build an agenda to identify the challenges and opportunities for aboriginal employment.
2. The Union work with the Health Districts to educate the public, including Aboriginal people and clarify the role of unions.

Role of Unions Strategies

- The unions will meet to discuss and develop a communication strategy on the role of unions and the development of a common agenda.
- The Steering Committee will then develop an overall communication strategy.
- The communication strategy will be shared with the respective union bargaining committees.

Communication Strategy

Recommendation: The Health Sector Partnership Steering Committee will develop a communication strategy for releasing and distributing this study and its findings and recommendations.

Communication Strategies

- Each member of the Steering Committee will receive a copy of the complete final report which includes three documents (the main body of the Report, the Appendices and the Training Database) together with the Executive Summary by e-mail and in hard copy form.
- PSEST will distribute the Executive Summary to its list of stakeholders.
- All members and stakeholders of SAHO will receive a copy of the Executive Summary.
- Upon receipt of request for the complete report, stakeholders will be sent a copy either by e-mail or in hard copy.
- Copies of the complete study will be provided to IAA, SAHO and PSEST in hard copy, bound and unbound, and in disc form.
- The training database will be kept as a separate document and distributed.
- Post the report on the Government of Saskatchewan website.

NEXT STEPS

The following action plan was developed as the next steps for the Sector Partnership Steering Committee to undertake:

1. Develop a communication strategy to address the following:
    - representative workforce strategy;
    - role of unions;
    - aboriginal employment development initiatives;
    - the need for partnerships; and
    - the role and function of the Sector Partnership Steering Committee.
2. Enhance and strengthen the Steering Committee to ensure there is a strong representation of all the key groups to carry on the discussions and initiatives from the report.
3. Communicate the results of the study to the various stakeholder groups, including the aboriginal community, unions and employers.
4. Arrange meetings with perspective ministers, their department officials and members of First Nations and Metis Nation governments to make them aware of the recommendations and strategies develop in this report. i.e. To meet with the Minister of Education and department officials to discuss the need to make advanced math and science programs more accessible in northern and rural schools.
5. Intergovernmental and Aboriginal Affairs will undertake the responsibility to distribute the training database to the aboriginal community for validation. IAA will work with SIAST and both Universities through their partnership agreements to discuss and determine ways to validate and distribute the training database.
6. Job descriptions will be added to the database in the next phase of the database development.
7. Committee will continue to meet to give support and direction in addressing ongoing human resource and training needs.

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1.0 Introduction

In January of 1999, Saskatchewan Association of Health Organizations (SAHO) established the Health Sector Partnership Steering Committee comprised of representatives of health employers, unions, government and Aboriginal governments, training institutions and agencies.

The Committee's purpose is to:

- work in partnership with the member groups to identify and develop strategies to meet the current and future labour force needs of Saskatchewan's health sector;
- address identified human resource needs and training needs; and
- increase Aboriginal participation in the health sector to achieve a representative workforce.

Post-Secondary Education and Skills Training (PSEST), through the Job Start Future Skills Sector Partnership Program, provided funding to the Saskatchewan Health Industry along with Intergovernmental and Aboriginal Affairs to undertake:

- a training needs assessment of the sector's workforce needs in terms of training required for skilled and future workers; and,
- a human resource needs assessment focussing on critical issues such as aboriginal employment, recruitment and retention and demographic influences.

Direct Arrow Communications, in association with Decision Research Inc., were engaged as consultants to conduct the primary research which includes:

- a literature review which included:
    - an overview of the health sector, its composition, structure and direction and anticipated short and medium term changes;
    - identification of key human resource and training issues in the health sector; and,
    - identified issues related to the employment of Aboriginal people in the health sector and data.
- a needs assessment survey.

Trimension Training & Consulting Group was contracted to undertake the following deliverables of the Health Sector Partnership project:

- industry validation through the use of focus groups;
- develop the training database; and
- write the final report.

Trimension Training and Consulting Group Inc. conducted the validation portion of the research process, which consisted of facilitating five focus groups with industry and stakeholder representatives and the education and training providers.

Trimension Training & Consulting Group Inc. also developed and compiled a detailed training database, which consists of the relevant education and training programs for the health sector. This database will be continually up-dated to maintain its relevancy. This database will be utilized as more than just a training database. It will be tied to job classifications and income earning potential by jobs. It is being provided in a separate document.

Trimension co-ordinated and compiled all the research results in the final report. This report summarizes the findings of the needs assessment survey of employers, survey of training institutions and the findings of the annual Health Employer Survey administered by Saskatchewan Health. This report and the associated data along with the literature review will form the basis by which the Steering Committee can develop recommendations and build strategies to meet the sector's human resource and training needs and work towards establishing a representative workforce in the health sector.

2.0 Methodology

The health sector labour force in the province of Saskatchewan is approximately 40,000. This ranks the sector third in the province behind only agriculture and retail trades. There are in excess of 702 firms or institutions employing health care workers and in addition to 23 health service professionals regulated by legislation, there are in excess of 60 distinct occupations subject to constantly changing job definitions, roles and responsibilities.

Saskatchewan Health conducts an annual survey of health employers that gathers data specifically on 47 positions (or classes within positions). The survey also affords these employers an opportunity to identify specific areas of concern related to human resource requirements.

Given the size and the complexity of this sector, the Committee determined it appropriate to incorporate the data and analysis prepared by Saskatchewan Health within the needs assessment and to focus data gathering to those areas of employment not dealt with in the Health Employer Survey (HES) and adopt the following approach.

In early July of 1999, a survey was distributed to the 32 Health Districts and to 59 affiliated employers across the province. The survey questionnaire consisted of two sections. One section dealt with current and projected employment levels in areas not covered by HES. This section was to be returned by mail or by fax.

The remainder of the survey questionnaire dealt with issues surrounding labour force requirements, training needs and the development of a representative workforce. This portion of the survey was administered in the form of telephone interviews conducted during the period of July 15 to August 12, 1999. During the same time period, a telephone interview survey was administered to the province's training institutions.

The response rate of the primary research phase was as follows:

- of the 91 employers identified, 81 telephone interviews were completed, a 90% return rate;
- 20 interviews were conducted with individuals representing 14 education and training institutions in the province;
- of the survey distributed to the 32 health Districts and to the 59 Affiliates, 56 returned the survey. In some cases, a Health District provided information which incorporated data for the affiliates with in their district.

An important element in any research report is measurable consistency in the information that is gathered and the responses that are received. The information gathered in the initial portion of this report, including the literature review and the labour force survey, raised questions and concerns with some members of the steering committee. The Committee agreed to address these issues through a series of focus group discussions. The participant groups involved were considered key to the information gathering process. These included representatives from Metis community, employers, unions, training providers and First Nation communities.

3.0 Secondary Research: Literature Review Summary

The health sector is central to the society and economy of Saskatchewan and to the stability and survival of its communities. At the core of any stable and thriving economy and society are adequate, accessible, available and affordable health services and the capacity to provide them to all citizens that need them. Saskatchewan has been recognized internationally for more than half a century as an innovator and leader in organizing, financing and providing health services for the population of the province and that high profile continues.

The health sector is thus one of the province's largest and most diverse employer groups. Training requirements for its workers range from completion of elementary school (or less) for some support workers to many years of university followed by many more of post graduate study and residency for medical specialists with wages, salaries and other remuneration spanning a similar range.

Expenditures on health care have shown continuous significant growth in the roughly fifty-year history of public funding of these services. While slowing for a time in the first half of the decade, health expenditures have apparently resumed a rate of increase far in excess of public expenditures generally. This is reflected in employment in the sector, which continues to grow more or less consistently with the increase in expenditures. Accordingly, there are employment opportunities in the health sector. Indeed, there are serious and growing shortages in a number of occupations.

An area in which the health sector faces major challenges is how, and how well it serves the province's Aboriginal people. An important measure of this is the extent to which the sector employs Aboriginal people and in what capacity those people are employed.

Finally, while health services are financed almost entirely out of the public purse and offered largely within that part of the public sector that is almost exclusively under provincial jurisdiction, there are inter-provincial, national and international issues which bear on the sector and its labour force in Saskatchewan and these will be noted in this document.

But for sources drawn upon to establish a longer-range historical context, most literature reviewed for this report has been published post 1990. Data is as current as is available and drawn from a number of sources. Indeed, we can state with few reservations that observations and conclusions on issues and trends are backed by perhaps the most comprehensive and current data available on any sector in the province. This data has been rigorously gathered and maintained by the sector and its representative organizations, governments, professional associations, unions and others. While Saskatchewan is the primary focus of this document, it also includes the national context where this is appropriate.

Neither the literature review nor the main study directly addresses the issue of physicians and other non-salaried or non "employed" professionals (dentists, optometrists, etc.) and this is deliberate. While they are central to how the health system operates and to many issues and trends in the health labour force, their position as independent providers deriving income largely on a fee for service basis from government or individual clients or their insurance companies is a unique and complex one worthy of separate and thorough analysis in the context of labour force and other issues. This project focuses on those who are, in the traditional sense, "employed" in the health labour force.

The objective of this literature review has been to provide a summary, and enable the identification of key issues. A complete copy of the Literature Review can be found in Appendix A.

4.0 Primary Research: Surveys

4.1 Employer Survey Qualitative – Telephone Interview Survey

These comments and observations arise from the review of the responses to 81 interviews completed with health sector employers.

4.1.1 Major Observations

- Several respondents expressed the belief that there is a need to have human resource management co-ordinated across the province to avoid Districts and other employers competing for the same personnel.

- The greatest concern for retention and recruitment of staff across the SAHO membership is in the area of nursing – both for Registered Nurses in all areas of practice and for Licensed Practical Nurses. The problem is expected to persist into the foreseeable future.

- The most urgent need for operators of long-term care facilities is for Special Care Aides. Many see the cost of the course as prohibitive given the career offered.

- Rural employers generally look for generalists while urban employers focus on specialized skills. Many rural respondents indicated a need for child psychologists, physiotherapists, occupational therapists, and lab and x-ray technicians. Urban employers tended to express a need for technical staff to operate high technology equipment.

- There were virtually no positions for which at least one employer did not indicate some difficulty in locating/attracting a candidate.

- The situation is generally more pressing in rural and northern Saskatchewan. Graduates tend to want to remain in urban areas and it is difficult to recruit for positions that are not full-time.

- Respondents generally did not see a need for additional classifications of employees. They were also hard-pressed to identify new or changing skill sets required in the workplace. The difficulty in predicting technological advances makes these forecasts problematic.

- There is some expression of a need for a greater emphasis on geriatrics among direct care providers. There is also some belief that recreational technologies will increase in importance, especially in long-term care facilities. The automation of patient records will create demand in information technology, records maintenance, etc.

- Respondents believe there is a need for more distance education to train and upgrade staff in their own community. This is believed to address concerns of cost and difficulties encountered in attracting locals "back" from urban centres.

- All respondents indicated that the core training programs meet their human resource needs. There were only a few areas, generally smaller employment areas, where training is not available in the province – occupational therapy (the largest), public health inspectors, sonography, speech therapy.

- The rural/urban shift in population presents a major problem for rural employers, as fewer young "workers" remain to see to the increasing health needs of an ageing population.

- The level of concern for greater involvement by Aboriginal persons in the health sector workforce was directly related to the Aboriginal population of the community.

- Barriers to development of a representative workforce are no less evident in the health care sector than elsewhere in society. Some are real, some only perceptual. Employers generally will accept cultural diversity sensitivity training.

4.1.2 Summary of Employer Survey Responses

The questions presented to Health Employers in the course of the study follow with general observations for each question area and some selected quotes from the interviews.

B. Labour Force Growth and Recruitment/Retention

B1. ***Thinking now about all classifications of employees, are there particular areas where you have concerns regarding either the recruitment or retention of staff? What is the nature of your concern in this area?***

Observations

- The greatest concern for retention and recruitment of staff across the SAHO membership is in the area of nursing – both Registered Nurses and Licensed Practical Nurses. The respondents believe the concern is long-term. A few mentioned that nursing shortages is a cyclical problem. Some Districts indicated a need to recruit specialized nurses in the field of psychiatric and clinical nurses.
- The nursing shortage is the result of not enough spaces in courses to graduate the number of nurses needed in Saskatchewan. The current situation has been magnified as a result of the change in the degree program length from three to four years. The change in course length came at a bad time.
- A solution to retention in the rural area is to create more permanent nursing positions.
- A few rural Districts felt there would be difficulties recruiting qualified engineering and maintenance personnel to rural facilities.
- The situation in rural areas appears to be more acute than in urban areas. Rural Districts indicated that it is difficult to attract nurses to their operation since graduating nurses want to live in urban areas or leave the province. In addition, it is difficult to convince nurses to move to rural areas to take on casual/part-time positions. Skilled nurses will move to the full-time positions, whether in Saskatchewan or not. There needs to be a way to establish full-time security for casual and part-time work in the rural areas.
- Some respondents, more so in the rural areas, indicated that a large number of nurses would be retiring over the next ten years. The ability to replace these nurses is going to be a challenge, because rural districts are not only competing with larger Saskatchewan urban centres, but against other provinces, states and countries for the same Saskatchewan graduates.
- Another roadblock to recruiting is the "collective" agreement. Respondents indicated that the process to obtain a full-time position is for employees to first accept a casual, then a part-time position before being able to obtain a full-time position. In the rural areas, nurses and other professional staff who are spouses of farmers won't travel up to an hour and a half to work for four hours.

- Almost all long-term care facility operators indicated that their most urgent need is to recruit and retain Special Care Aides. With the change in the course under the control of SIAST/Kelsey, the cost of the course is prohibitive for potential candidates. Most individuals who want to take the course are unusually low-income individuals – including many single mothers. The cost does not justify the time required to become certified, nor does it justify the remuneration that is paid following certification. Some added it would be better to go back to the way Special Care Aides were trained in the past. Others added that "distance education" would help if potential local people could develop a career path of Special Care Aide to LPN, then to RN by taking the required courses and modules through local community colleges, etc.
- In addition to the above, many rural respondents indicated a need for child psychologists and physicians, and lab and x-ray technicians.
- In the urban centres – Saskatoon and Regina – respondents indicated the challenges are to find technical staff to operate ultrasound and other high-technology equipment.
- Districts that border with Alberta have to compete with health care providers that pay 15% more than in Saskatchewan.

See Appendix B for Selected Quotes.

B2. ***Do you foresee new positions or classifications being created within your organization that will present concerns for recruitment? What qualifications will persons require to fill these positions?***

Observations

- In most cases, respondents did not see a need for additional classifications of employees. Respondents used this opportunity to stress the need for more spaces for RNs and for modules to upgrade LPNs to dispense medications.
- They also felt there was a need for "distance education" to train and upgrade local residents and staff, not only for nurses, but for other professional and semi-skilled staff as well. Rural respondents indicated that this is the only way they can attract local people, because once "locals" go away for their training, it is hard to get them back.
- Due to the changing character of long-term care facilities, there will be a greater need for rehabilitation and recreational aides, and OR technicians. These professionals require the appropriate certification.
- With automated patient records, trained (Health Records Tech.) medical records personnel will be required. In addition there will be a greater need for information technologists.

See Appendix B for Selected Quotes.

B3. ***Is there a single area where you are most concerned regarding your ability to recruit/retain qualified employees over the next few years?***

Observations

- The most urgent need is nursing – RNs and LPNs in hospitals, and Special Care Aides in long-term care facilities.
- LPNs require more skills in "assessment".

C. Education & Training

C1. ***Are there training programs that are not currently offered in Saskatchewan which you believe should be studied or considered for development in this province? Where is this training currently accessed/offered?***

Observations

- Many respondents believe or felt that courses available in Saskatchewan generally cover every requirement.
- Several noted that speech pathologists must go to the States to be educated. They added that because of the low numbers there was no need for this training to be available in the province.
- Several others believe that occupational and physical therapists were not trained in Saskatchewan. Districts had to recruit these skills in Alberta and Ontario.
- One mention was made of Public Health Inspectors, who are trained in BC and Ontario.
- One respondent was concerned that there was not one gerontologist in Saskatchewan. Saskatchewan needs to find and train one or more.
- Others mentioned include Podiatry and ultrasonography.

See Appendix B for Selected Quotes.

C2. ***Do existing education and training programs offered in Saskatchewan meet your organization's training needs? Please identify any specific areas of concern?***

Observations

- All respondents indicated that core programs meet their human resource needs. Several used the opportunity to stress the need to change the way Special Care Aide training is delivered from a cost and accessibility point of view.

- Some long-term care respondents felt that more emphasis should be put on geriatric care. It should be compulsory for nurses.
- With the change in the scope of LPN work, respondents felt there was a need to add locally-delivered modules to allow LPNs to dispense medication.

See Appendix B for Selected Quotes.

C3. *What improvements would you / your organization like to see made to training programs? Please be specific if possible.*

Observations

- There is a need to expand the availability of "Special Care Aide" training to rural areas to make it more affordable to potential staff.
- A common theme was the need to provide "distance" education to upgrade existing staff and to train local people to keep them in the community. Health care training should be delivered by regional colleges. More people would attend and more would remain in the community.
- A few commented that the staff training budgets have been cut too much. The cost of upgrading staff is more than just the cost of courses. The costs include time away from work and the cost of replacement staff while others are away training.

See Appendix B for Selected Quotes.

C4. *Are there particular skills required of particular occupations that you find are not adequately provided or addressed by existing training programs? What is the most appropriate method to redress these difficulties? (General or specific by occupation.)*

Observations

- In most cases, the respondents felt the skills required were sufficiently provided by existing courses. The exception is in the long-term care area. Respondents frequently stated that nurses, primarily, and other occupations, generally, should be required to take courses on geriatric care. As long-term care facilities take on the most infirm, elderly clients, dealing with and understanding aggressive dementia will be a basic requirement of every job in long-term care facilities.
- Several respondents indicated that nurses need more extensive training in supervisory and labour relations skills Nurses often have to supervise up to 20 staff in long-term care facilities.

- With automated patient records coming, there is a need to train medical records personnel and to ensure that all professional staff are computer literate, through training.

See Appendix B for Selected Quotes.

C5. ***Does your organization have any formal or informal agreements in place with a training institution(s) or external organizations to address employment / training issues?***

Observations

- Most responses to this question suggest that informal and formal training relationships exist to provide "practicums" and work experiences for professional courses. (This question did not get a good response in that it did not appear to be an important issue to the respondents. Many are unfamiliar with any agreements.)

See Appendix B for Selected Quotes.

D. Representative Workforce

D1. ***How will the forecasted changes in the demographic makeup of Saskatchewan (e.g., rural/urban shift, increase in Aboriginal population of working age, etc.) impact on your organization?***

Observations

- The rural to urban shift presents a real problem for rural districts and affiliates. Once young people go to larger urban centres for training they seldom come back to work near their homes. In addition, the rural environment does not appeal to most young people.
- As the age of the rural population increases as a proportion, there will be fewer people to work in health care to care for the ageing population.
- The Aboriginal issue is different between those districts that have meaningful Aboriginal populations and those that don't. The Aboriginal population represents a significant potential for districts that have proportionately larger percentages of Aboriginal peoples. For those that don't have significant Aboriginal populations, it is a non-issue.
- With a poor agricultural economy, farms will be fewer and bigger. As a result, there will be fewer spouses available to work in health care.

See Appendix B for Selected Quotes.

D2. ***Current employment levels for Aboriginal persons in the health care sector are low and below other sectors. What factors do you feel contribute to this?***

– and –

D3. ***What steps do you feel need to be taken to improve employment levels for Aboriginal persons within the health care sector?***

Observations

- Respondents indicated that there is generally a low rate of applications for jobs from Aboriginal people. Some of the reasons cited are:
  - There is probably a lack of understanding by Aboriginal people of the opportunities in the health care sector.
  - Aboriginal persons don't currently have the qualifications to be able to take skilled positions in the industry. **
  - Respondents believe the Aboriginal culture doesn't emphasize the need for a work ethic. In the long-term care area, several respondents felt there was a lack of importance placed on being at work on time, and coming to work on a regular basis. Others said they have had Aboriginal people working for many years and the relationship has been positive. **
- Communication about diverse opportunities and educational requirements has to start in primary school and with the parents of school-aged children on the importance of education, the need for a high school diploma and a post-secondary education to have a career in health care.
- Work experience and volunteerism by Aboriginal school children would help expose the children and parents to the opportunities in health care.
- Some respondents indicated that the collective agreements don't help to encourage Aboriginal persons, as well as others, to apply for health care jobs. The process of casual to part-time to full-time discourages people from making a commitment to careers in health care.
- Health care jobs are often taken by individuals who know somebody in the facility. To get jobs, Aboriginal people need to have someone inside. The hospitals, etc., must find a way to have Aboriginal persons placed in facilities so that others can more easily become aware of opportunities, without contravening collective agreements or creating a problem with non-Aboriginal employees.
- There is confusion between Federal and Provincial government responsibility for Aboriginal people. Roles between the two governments must be resolved as to which is responsible for what in terms of job development and training.

** These comments show the challenges of the need to change such attitudes that exist in the workplace. Based on these comments, the committee strongly recommends health employers need to emphasize and promote aboriginal awareness training in the workplace.

See Appendix B for Selected Quotes.

D4. ***Do you believe there is a need for cultural sensitivity training in your workplace that would be designed to alleviate some of these concerns?***

Observations

- The responses on this question were a little fuzzy. Most felt it would be a good idea. (Those institutions that had Aboriginal persons on staff felt the working relationships between Aboriginals and non-aboriginals are good.)
- Those who expanded their discussion on this point felt sensitivity training should go beyond Aboriginal issues, because there are numerous visible minorities working in health care and it is important that workers appreciate everyone's cultural differences.
- A northern respondent felt cultural sensitivity training was also necessary for the Cree and Dene, to be more aware of their cultural differences.

See Appendix B for Selected Quotes.

4.2 Saskatchewan Health Employer Survey

The following summarizes the findings from the survey questionnaire distributed by Saskatchewan Health. Twenty-eight of the 32 Health Districts responded to the survey using 1998 data.

4.2.1 Major Observations

Health Service Employees

- Health districts employed about 71% of all Full Time Equivalent (FTE) health service providers reported in this survey.
- Acute Care continues to have the largest group of health service providers. Hospital employees represent 36% of the total FTEs reported.
- An increase in FTEs indicates an increase in the amount of hours worked. This may indicate increases in demand for certain occupations. The greatest increases in reported FTEs from 1997 to 1998 were in the following occupations:

- LPN-OR
- EMT-Advanced
- Dialysis Nurse
- Operating Room Nurses without training
- Nuclear Medicine Technologists
- Critical Care Nurses
- Health Service Managers
- Public Health Nurses
- Speech-Language Pathologists
- Physical Therapists

- Differences in reporting and issues related to non-response make comparisons of actual positions or FTEs on a year to year basis difficult.

- The analysis of comments submitted by individual Health Districts and the Tribal Council (N=28) identified 27 different occupations as "problem areas" in terms of recruitment and retention. The most often cited areas of concern were : RNs (N=28), LPNs (N=14), Home Care Aides (N=13), and Occupational/Physical Therapists (N=12).

Vacancies and Turnover

- Vacancies are an indicator of supply and demand within the labour market. The aggregate vacancy calculated from all reported health occupations was 2.4% in 1998. Until 1998, the aggregate vacancy rate had been consistently reported under 2% since 1991. This suggests that more opportunities to enter health occupations are presently available than seen previously in this decade.

  Occupations within the highest vacancy rates include: Emergency Medical Technicians (EMT) - Advanced (13.1%), Dental Technicians (7.5%), Operating Room Technicians (7.9%), Licensed Practical Nurse - Operating Room (LPN-OR) (8.3%), Primary Care Nurses (13.8%), Psychologists (12.6%), Occupational Therapists (7.9%), and Physical Therapists (8.9%).

- The vacancy rates for positions held by Registered Nurses, Occupational Therapists, and Physical Therapists have increased consistently over the past few years. Vacancy rates among Special Care/Health Care Aides and Social Workers have shown some improvement in recent years.

- At the time of completion of the 1998 HES there were over 200 vacant positions for Registered Nurses.

- Turnover is an indicator of the mobility of the workforce. The turnover rate calculated for all health occupations remained relatively unchanged. It was 5.8% in 1998, compared to 5.7% in 1997. As with vacancies, occupations with higher turnover provide more opportunities for people to enter those occupations.

  Occupations with the highest turnover rates include: EMT (14.5%), EMT-Advanced (13.1%), EMT-Paramedic (10.8%), Home Care Aides (11.4%), Health Records Technicians (9.7%), Primary Care Nurses (22.4%), Psychologists (9.9%), Public Health

Inspectors (11.5%), Physical Therapists (9.5%), Recreation Therapists (15.2%), and Social Workers (11.3%).

- Generally, vacancy rates and turnover rates are higher in northern Saskatchewan where movement of the small workforce creates large percentage changes.

See Appendix "A" for Employer and Tribal Council Comments related to the Health Employer Survey. See Appendix "A" for Tables 1 - 14 regarding Vacancy and Turnover Rates.

4.3 Training Institutions Survey

4.3.1 Major Observations

φ The process of planning and developing a new training program can be extremely lengthy. From the time a decision is made to proceed to the time graduates enter the workforce can take up to seven years and is generally not less than three years.

φ New programs are based on annual needs assessments and depend on the availability of resources – human, financial, equipment and physical resources.

φ There is limited co-ordination and communication among the various training institutions.

φ There is limited awareness of any formal arrangements in place to involve employer associations in the planning of training programs.

φ The number of seats in nursing has increased to 260 from 180. Pharmacy and Nutrition have reduced the number of seats in each program by five due to difficulties in finding work placements for student interns. While the College of Physical Therapy estimates they could expand to meet demand, there is neither funding nor physical space to accommodate an expansion.

φ Many programs set aside seats for qualified Aboriginal candidates. Physical therapy has for some time held two positions open but has a student this year for the first time. In the absence of proactive measures, even steps to inform aboriginal people of the existence of this situation, take up is very low.

The University of Saskatchewan is implementing a pre-nursing course intended to address these problems. There is also some effort being made at the Regional College level in areas with higher Aboriginal populations.

See Appendix B for Table 15 regarding a list of programs offered by Public Institutions.

4.3.2 Summary of Findings from Training Institution Survey

The questions presented to individuals involved in the development and delivery of training programs at the province's educational institutions follow along with general observations for each question and selected quotes gathered in the course of these interviews.

2A. *Does your institution have plans to introduce new training programs in this area? [Record program and status (i.e., certain / considered / start date if applicable).]*

Observations

- Respondent responses would indicate that very little is being done, at this time of year, to establish plans to implement new programs. New programs are established based on annual needs assessment surveys and depend on the availability of human, financial, equipment and physical resources, which appear to be in short supply.
- A few regional colleges are looking at providing LPN and Special/Home Care Aide training. Since these are brokered from SIAST, the colleges must depend on SIAST's ability to provide resources.
- One regional college in a high-aboriginal population area is trying to provide health care awareness training on reserves to interest students in health careers and to prepare themselves academically for such careers.
- University and SIAST planning for new programs appears to many a very lengthy process. For example, to add or change something in pharmacy and nursing, requires 6 to 7 years. Three years of planning and 4 to 5 years of schooling to get the first graduates through.
- Nursing Dean suggested more should be done to provide clinical nursing certification in Saskatchewan. These individuals could replace doctors in remote and northern regions of the province. Regional Colleges indicated a need for Occupational and Physical Therapist, and Lab Tech training programs due to high demand, but again there is a shortage of resources. A fair bit of planning is taking place in nursing. Programs are being put in place to upgrade diploma nurses and to train previously trained nurses for re-entry into nursing. In addition U of S is going to introduce a pre-nursing program aimed at Aboriginal students to upgrade their English, science and mathematics courses to be able to enter the 4-year degree nursing program.
- With a high demand for Special/Home Care Aides, Northwest Regional College is creating a pre-employment Home Care Aide course for students to work specifically in Home Care. It is a 16-week program for 24 students.

See Appendix B for Selected Quotes.

3A. ***Do you currently have plans to significantly alter or adjust any of your existing training programs in the health services area? [content, duration, etc.]***

Observations

- Nursing increased the first year enrolment from 180 to 260 for this year. Next year pharmacy and nutrition will reduce the number of seats in each program by five because they can't find enough work places for senior students to do their intern work. The Home Care and Special Care Aid programs at SIAST have become core programs, thus the tuition fees have been reduced because it is no longer offered on a cost recovery basis.

See Appendix B for Selected Quotes.

4A. ***What lead time does your organization require to develop a new training program in the health care service area?***

Observations

- Lead times vary. Each institution is different, even within the Regional Colleges, where all they do is broker classes from SIAST. Timing is dependent on the amount of human and financial resources available to evaluate and implement a program. At the SIAST and university level it can take from one to seven years.

See Appendix B for Selected Quotes.

5. ***What external factors influence your decision(s) to institute new programs or to alter existing programs?***

Observations

- The two main influences come from a "needs assessment survey", which all institutions appear to do on an annual basis, and networking contacts with community influence groups and health districts.

See Appendix B for Selected Quotes.

6. ***What process, either formal or informal, is in place that allows for impact into these decisions by employers, employer associations or community associations?***

Observations

- Mainly informal contact is made with community influence groups.

See Appendix B for Selected Quotes.

7. ***And what formal or informal process is used to co-ordinate program offerings with the programs of other educational institutions or training centres?***

Observations

- There is a need to improve or enhance the communication between the education and training institutions themselves and between them and the health sector employers in order to provide a more co-ordinated and consistent approach to identifying needs and delivery of programs and services.

See Appendix B for Selected Quotes.

8. ***Has your institution developed or have plans to develop health training programs and/or curriculum specifically for the Aboriginal community?***

Observations

- Almost all institutions put aside a number of seats for Aboriginal students. However, respondent comments indicate that the curriculum delivered is the same for all students. Colleges that have high Aboriginal populations make an extra effort and offer counselling to add information to assist Aboriginal students to complete the courses. The U of S is implementing a pre-nursing course aimed specifically at Aboriginal students to upgrade them to meet entrance requirements.

See Appendix B for Selected Quotes and a Respondent List - Post-Secondary Institutions Survey.

5.0 Industry Validation

5.1 Industry Representatives

5.1.1 Introduction

Trimension Group completed 5 focus groups with representatives of industry and stakeholders of the Health Sector in Saskatchewan to validate the results of the telephone survey, as well as to explore and report the viewpoints of these individuals regarding training needs within the industry. By using this method, Trimension Group was able to obtain direct input and recognise potential gaps relating to training issues.

The Trimension Group recruited the focus group participants from the list of groups and individuals who were participating in the sector partnership, as well as some who participated in the survey process. The focus groups were conducted in Saskatoon and Prince Albert during the last part of April and the early part of May 2000. A total of 43 participants attended with the breakdown as follows: Metis 3, Training Providers 9, Union groups 6 and Health District employers 14 and First Nations 11.

A moderators guide was used to stimulate discussion. Participants were asked a series of questions that were compiled using the survey instrument and results as well as input and ideas generated from the Steering Committee. The following broad areas were addressed and the results are summarised on the following pages:

- Labour force growth – recruitment and retention;
- Education and training;
- Development of a representative workforce;
- General.

A separate guide was developed for the education and training providers. It was thought the issues were different enough that a separate set of questions was required. The education and training provider focus group will also be written up as a separate section in the report.

5.1.2 Industry and Stakeholder Participant Groups

5.1.2.1 Labour Force Growth, Recruitment & Retention

Findings

a) Most participants indicated there would be employment growth in the health sector particularly with employment and training opportunities becoming more available to First

Nation, Metis peoples and in northern communities. Participants felt there would be little or no increase in funding made available requiring the Health sector to examine alternate means to address growth. They indicated that most of the jobs that were currently being made available were casual. An influencing factor that was mentioned was the age of the current workforce. Currently it is estimated the average age in the industry is 43; within 10 years there will be a dramatic turnover due to retirement. See Appendix C - #1 for a summary of participant comments.

b) All groups were able to identify employment opportunities. Community care was identified by some participants as an area that should be investigated, as was the availability of employment and training in northern regions. They felt this area would fill the gap between a special care home and Home Care. The areas of diabetes education and care were also identified. As diabetes becomes more prevalent within First Nation's communities, diabetes training will need to become more urgent. Nursing, LPN's special care aids and Home Care aids were occupation identified as being needed. See Appendix C - #2 for participant comments.

c) Participants were asked to identify industry growth areas. Some of the participants indicated the information technology occupations were an acknowledged growth areas as were mental health and social work. Some participants also felt that nursing was going to change significantly over the next few years. It is thought that nurses will become the first line access to care and will treat patients independently thus dramatically changing their role. Special Care aids were also identified as a growth area given the trend towards home care. There were no occupations identified that were expected to decline. See Appendix C - #3 for a summary of participant comments.

d) In terms of recruiting and retaining employees within health care system, participants felt seniority needed to be identified as a major issue. The procedure that is in currently in place has all full time positions that come open are posted internally. This makes it extremely difficult for new people to gain full time employment in the industry. Racism was identified, as a problem by some participants and as was the lack of a representative workforce. Participants also felt that the tendency towards casual employment coupled with high education costs has led to the current problem. Within northern communities, isolation and lack of available and suitable housing were issues. See Appendix C - #4 for a summary of participant comments.

e) Participants felt that long-range commitments in budgeting were required. Cultural awareness and sensitivity training was identified as a need within the health districts and industry as a whole. Some districts, i.e., Saskatoon, have an aboriginal initiative program. Participants felt that having more First Nation and Metis people in decision-making positions would go a long way in addressing the current problems. Participants indicated that the recruiting procedures themselves were a source of difficulty as it created artificial barriers to attracting applicants of aboriginal ancestry when the jobs are advertised. See Appendix C - #5 for an overview of participant comments.

f) Participants suggested the lack of amenities, from housing facilities to pay were, in a large part, the problem for rural and northern health districts when it came to recruiting employees. Participants indicated that the education process that is currently in place in the northern communities is not supportive as in many cases the high school courses do not include the 10, 20, 30 level math and sciences. Participants felt that the development of a peer group would offer the type of support that was required by participants in more remote communities. The most commonly suggested solution was to train community members to takeover the available positions. The training could partially take place in the community through available means and part could take place in one of the larger centres. It was also thought that some of the education costs could be offset, although no alternatives were suggested. See Appendix C - #6 for a summary of participant comments.

5.1.2.2 Work Patterns

Findings

a) Participants indicated the trend of part time and casual employment was still common practice and did not feel the shift was being made to full time. Some employees were working full time hours but it was often in more that one facility. The other issue sited, particularly in nursing, was when nurses were required to work beyond full time to cover sick leave and stress leave. See Appendix C - #7 for a summary of participant comments.

b) Participants were not able to clearly identify areas that were more suited to full-time than part time employment, with the exception of some of the technologies. It was mentioned that full time hours were often being achieved working part time at more than one facility. See Appendix C - #8 for a summary of participant comments.

5.1.2.3 Education & Training

Findings

a) Some participant did not feel the training and education currently available was meeting the needs of the health care system. They felt there was a need for more technology-based training, more distance education and more training in cross cultural and cultural sensitivity training. Participants felt that safety training was another area that should be addressed as well as opportunities for continuing upgrade training. They indicated that a major issue surrounding the outcome of training was the current lack of full-time employment. They indicated that there was no motivation for students to commit to the training when the end result was not certain. See Appendix C - #9 for a summary of participant comments.

b) Participants were asked to identify areas where training should be offered in Saskatchewan that were currently unavailable. They indicated that aboriginal cultural awareness training should be offered in Saskatchewan, as well biomedical engineering and health and safety training. Some participants mentioned diabetes training as an area that should be addressed. Training for primary care nursing was identified as a future need, as was therapy training. See Appendix C -

#10 for a summary of participant comments.

c) Some participants did not feel that Saskatchewan was producing enough graduates and suggested this was causing the shortage. The cost of training is seen as prohibitive especially when the same education could be achieved in another province or country at a lesser cost. Some participant felt that the qualifications or prerequisites for some of the jobs and or training programs were more of a barrier than anything else.

d) Other participants felt that Saskatchewan was producing enough graduates but that Saskatchewan was not able to offer the jobs. Full time employment at a good wage is available to Saskatchewan graduates in other provinces and countries. Participants felt that opportunities were not made widely available and gave northern residents as an example. There are a large number of aboriginal students who are not actively recruited into health care. See Appendix C - #11 for a summary of participant comments.

e) Participants felt the health care system will change quite substantially as the population ages. Some participants felt there needed to be more training for community health workers and home care workers. They indicated more advanced practical nurses need to specialise in gerontology. Participants felt there will be an increase in level III and IV care; as a result facilities and employees will be needed in the near future. Some participants indicated that acute care was currently on the rise due in part to the ageing population. See Appendix C - #12 for a summary of participant comments.

f) Participants were totally supportive of the idea of distance education and training. They felt that most training could be taken within the home community with travel to larger centres required only for clinical training and the practicums portion of the program. Some felt, however that some type of interaction with the instructor was necessary. Participants felt that the internet and computerised upgrade training were all effective methods of delivery. See Appendix C - #13 for a summary of participant comments.

g) Participants felt that tuition should be lowered or subsidised by the employer or private industry. They also felt that more scholarships and bursary could be developed. See Appendix C - #14 for a summary of participant comments.

5.1.2.4 Development of a Representative Workforce

Findings

a) Racism, lack of access to available education and a lack of aboriginal role models in the health care system were areas that were mentioned by participants as issues when recruiting and retaining Aboriginal people for health care employment. Participants felt the information flow should start to aboriginal students at an earlier age so a clear education goal could be set and the correct classes could then be taken to achieve these goals. Positive exposure to the health care system was also suggested; right now the media does not portray the health care sector in a positive light. The opportunity for good wages and advancement were suggested by participants as recruitment incentives. See Appendix C - #15 for a summary of participant comments.

b) Participants felt Aboriginal people were not fully represented in health care industry. They indicated there needed to be more aboriginal teachers and training providers. As well the courses need to be revised and include more appropriate course contents. Participants indicated that the training areas need to be addressed by the provincial government as well as the health district. See Appendix C - #16 for a summary of participant comments.

c) Participants indicated there were many ways the health care employers could work with Aboriginal groups and training providers to ensure a more representative workforce. Training strategies and community representatives were among the suggestions. Participants felt a provincial training strategy should be developed, that would involve all 'the key players', working together to reach a solution.. Appendix C - #17 for a summary of participant comments.

d) Participants indicated cross cultural training would be successfully implemented only where there was buy in from the current employees and management. Participants felt having a more representative workforce would also lead to greater understanding and acceptance by all groups involved. Appendix C - #18 for a summary of participant comments.

e) Some of the participants were not supportive of equity programs and forced equity in the workplace. They felt that employment should based on merit. Some participants felt there needed to be a shift in attitude for an aboriginal employment strategy to be successful. Appendix C - #19 for a summary of participant comments.

5.1.2.5 General

Findings

a) The participants for the most part were in favour a co-ordinated approach to health training in the province. Appendix C - #20 for a summary of participant comments.

b) Development of a communication plan and an infrastructure were offered at starting places for the communication process. Participants felt that one large group could be formed which could then be broken down into sub groups or committees. Some participants felt that the provincial government should become involved at some stage. There was some support offered for the sector partnership program. Appendix C - #21 for a summary of participant comments.

5.2 Education and Training Provider Focus Group

5.2.1 Findings

Trimension Group completed a focus group with the education and training providers who offer programs and services to the health sector in Saskatchewan. The purpose of the focus group was to validate the results of the telephone survey as well as to explore and report the viewpoints of these individuals regarding training needs within the industry. By using this method, Trimension Group was able to obtain direct input and recognize potential gaps relating to training issues. A separate moderators guide was developed for the education and training providers. This decision was made because it was thought the issues were different enough that a separate set of questions was required.

Summary of the Responses

a) Education and training providers have indicated that they were not presently planning to introduce new education or training programs in health care. However they indicated they were working with innovative approaches to delivery, are open to requests from health districts and are looking at ways to respond more quickly to training needs.

b) While no formal request has been made, training providers are aware of a need for a medical-laboratory assistant program and are willing to look at such training if requested. One provider commented on the need for speed, with which providers can identify and respond to training needs through the community development process.

c) Another provider is developing a distance delivery course in anatomy and physiology for practical nurses. This would allow Licensed Practical Nurses to complete requirements leading to a nursing degree. The course is based on the anatomy and physiology that's taken by practical nurse, occupational therapy assistants, and physiotherapy assistants. The course is planned for delivery in January 2001.

d) Recertification courses for RNs, LPNs and psychiatric nurses interested in re-entering their professions are offered via distance delivery by at least one training provider. Practicums are arranged in local communities. A fast track re-entry program for people who have been out of their profession only a short time is also being examined.

e) Other areas where training is applicable to the health care sector is in computer systems specialist. Other areas mentioned as well, is the Home Care and Special Care Aide program. Although it is in the beginning stages, a bridging program for graduates who took the program 20 years ago is being looked at. This is for individuals who want to get certification into the Home Care, Special Care Aide.

f) Also, a program that is developed, but not yet delivered, is a post acute care module to accommodate individuals that require care in the home, more acute care than Home Care. The program will be available in fall through distance education or traditional delivery methods. This program is directed at people who have the Home Care, Special Care Aide certificate and want to work in acute care or with the more acute who need Home Care.

g) Several of the training providers indicated a number of programs are currently under revision. Providers of nursing education indicated that with the down sizing of acute care, along with the combining of units has put a real crunch on facilities that are needed to provide clinical experience for students. The level of acuity of those plans makes it difficult to provide safe education and safe nursing care. With more students coming through, there is a greater degree of difficulty finding clinical spaces, which effects the level of care. Appendix C - #22 for a summary of participant comments.

h) Training providers have indicated that their health training programs should be revised as should delivery options and the need to address making funding more available to students. Casual employment positions make it difficult for graduates especially those who are from disadvantaged backgrounds to make the transition into the work force. Appendix C - #23 for a summary of participant comments.

i) One provider indicated there is a systematic program review done by the University of Saskatchewan which they undergo in January each year. They indicated there is always an ongoing informal program review in addition to the formal processes in place. This provider is looking at an accreditation process through the community association of schools of nursing. What is being identified was the need to change the way in the practical nursing program is delivered; to actually lengthen the program in each and add some additional components which would allow the students to write all three national components of their program.

j) One provider indicated they are accredited through the Canadian Medical Association. They just received the maximum accreditation of six years for both our medical technologist and medical laboratory technologist programs.

k) The nursing education representative from the education program was unable to comment on current program revisions. One hindrance identified is the timing of changes. Appendix C - #24 for a summary of participant comments.

l) Coordination is often informal and on an individual basis with respect to delivering particular courses or programs. Historically, SIAST Kelsey Campus have each year hosted a meeting of regional colleges, where DTI attends as well. The concerns raised are used as a major forum to provide information about the programs that are available and to hear concerns from other departments. There was no indication of how issues and concerns are addressed from these meetings during the focus group.

m) An issue for the aboriginal training institutions regards the move the federal government is making towards transferring health care responsibility to the individual bands and tribal councils. This means putting more control in the hands of the each band who are not properly staffed or trained for this responsibility. Appendix C - #25 for a summary of participant comments.

n) One provider indicated they have developed curriculum and have now delivered it for four years. There is a need to look at the cross cultural content. The process is looking specifically at the curriculum in terms of where the aboriginal content could be strengthened and who is best to develop it, and deliver it. This is going to be a major curriculum push for the next year. Appendix C - #26 for a summary of participant comments.

o) One provider indicated the aboriginal students who are succeeding in mainstream are doing so because they have the bicultural approach, they're the ones doing the stretching. Appendix C - #27 for a summary of participant comments.

p) One provider indicated in medical diagnostics program, the lab tech courses are being redeveloped. The program closed over a year ago, the curriculum has been revamped and a Interprovincial agreement will be develop to standardize Manitoba, Saskatchewan, and Alberta. The program came back into operation in 1998. Appendix C - #28 for a summary of participant comments.

5.3 Key Findings

An important element in any research report is measurable consistency in the information that is gathered and the responses that are received. The information gathered in the initial portion of this report, including the literature review and the labour force survey, raised questions and concerns with some members of the steering committee. In order to address the concerns of the steering committee, it was decided to hold a series of focus groups to validate the previously gathered information. The participant groups involved are considered key to the information gathering process. These include representatives from Metis Nation, employers, unions, training providers and First Nations communities.

The following information details the findings based on key areas which have come as a result of the validation process. These are the key findings from which the recommendations and strategies are based.

5.3.1 Representative Workforce

The initial research indicated there was no hindrance or resistance to the need for a strategy for the development of a representative workforce. Research also indicated that the level of awareness around Aboriginal participation was directly correlated to the Aboriginal population in that community. The following quote is from the primary research key findings.

- *The level of concern expressed by employers for the development of a representative workforce is directly related to the level of Aboriginal population in the area served. There is general support for a program offering cultural diversity sensitivity training, though not necessarily for a program that is specific to Aboriginal issues.*

Survey research indicated there were training seats in some training programs set aside for aboriginal candidates but that take-up to fill these seats was very slow.

- *Many of the training programs offered in the sector reserve seats for qualified Aboriginal candidates but, in the absence of proactive measures, the uptake has been extremely limited.*

The validation results gave a similar but slightly more in-depth explanation of Aboriginal participation. Although there was Aboriginal participation in the initial phase of the research, greater emphasis was made on the validation process. A representative workforce was identified as a very important component of Aboriginal participation in the Health sector. A number of areas related include identifying and dealing with racism in the workplace, accessibility to education which would lead to Aboriginal participation and placement which would then lead to more visible, effective role models within the health care system.

- *The idea of hiring aboriginal co-ordinators would be key. It is critical because a person learns day in and day out with the administrators. Now that's what I like about it, the representative work force strategy. We don't have the skilled aboriginal people for it in the health district, well how are you going to do it? Lots of training; I want to be hired because of my skills, these affirmative action programs, it promotes more racism..*

Aboriginal people are currently not fully represented in the health care industry. The validation process revealed there needs to be more aboriginal teachers and training providers, as well as more appropriate course content. Training areas need to be addressed by the provincial government as well as the health districts, unions and training providers. Training strategies and community representatives were among the suggested ways that the health care employers could work with Aboriginal groups and training providers to ensure a more representative workforce. Following are some participant comments.

- *I don't think there is a concerted effort between institutions, more of a competitive numbering at this point. And it comes back to resources and if you were in an institution, or an organisation like ours, the limited resources. "... when they run LPN, Home Care, Special Care - why aren't they using DTI to deliver these programs? It will run through the college, it will run through SIAST but then they want aboriginal people in these programs. Well, if you want to have aboriginal people in the programs, then give them an organisation to deliver the program and chances are you're going to have aboriginal people".*

- *The training providers have an role to be providing appropriate content to the appropriate people. That's fundamental and that's when you get into the representative work force.*

- *There are all kinds of opportunities for training institutions to work together. We have Dumont Technical Institute, the Saskatchewan Indian Institute of Technologies, they can maybe do a portion on the program - the Home Care, Special Care Aide; there are all kinds of opportunity for the institutions.*

- *Many programs set aside seats for qualified Aboriginal candidates. Physical therapy has for some time held two positions open but has a student this year for the first time. In the absence of proactive measures, even steps to inform aboriginal people of the existence of this situation, take up is very low.*

- *The University of Saskatchewan is implementing a pre-nursing course intended to address these problems. There is also some effort being made at the Community College level in areas with higher Aboriginal populations.*

5.3.2 Seniority and Casual Employment

Seniority and casual employment were raised as issues in almost every stage of the research. The survey respondents indicated casual/part-time positions hampered recruitment.

- *Another roadblock to recruiting is the collective bargaining agreement. Respondents indicated that the process to obtain a full-time position is for employees to first accept a casual, then a part-time position before being able to obtain a full-time position. In the rural areas, nurses and other professional staff who are spouses of farmers won't travel up to an hour and a half to work for four hours.*

Participants in the validation process felt seniority was a major issue within health care system in terms of recruiting and retaining employees. The tendency towards the use of casual employment coupled with high education costs has led to the current problem of recruitment. Below are a few participant comments.

- *The whole issue of seniority. How do you move people into actual nursing positions in this province when you have a whole system of seniority? There are a lot of people with seniority and you don't have a lot of places to move them unless you want to start them out as casual and work part-time. We're training them, we're spending all this money to train them, and ship them down to the states.*

- *The process works if you get the people bidding the casual positions that are the second income earners. It becomes a problem is when you're trying to attract somebody right out of school and they're the primary breadwinners and you're offering them a quarter time position.*

- *When we're talking about people working part-time positions, we have many people in our health district that is quite happy working part-time. So you have two ends on the continuum that are striving to make full-time positions to make them attractive. But yet there's this group of people and justifiably so, that are very happy working their two days a week or those three days a week and that's all they really want.*

5.3.3 Distance Education

The research indicated strong support among the health care providers for distance education particularly those who are some distance from Saskatchewan's larger centres. The initial research indicated the respondents felt that the costs associated with centralised training were considerably higher than if training was done in the more rural communities themselves. Following are some participant comments.

- *There is some concern among employers in rural areas over the increasing costs associated with centralised training program offerings. Distance education is believed to offer some remedy.*

- *Respondents believe there is a need for more distance education to train and upgrade staff in their own community. This is believed to address concerns of cost and difficulties encountered in attracting locals "back" from urban centres.*

- *They also felt there was a need for "distance education" to train and upgrade local residents and staff, not only for nurses, but for other professional and semi-skilled staff as well. Rural respondents indicated that this is the only way they can attract local people, because once "locals" go away for their training, it is hard to get them back.*

The validation process indicated that health districts were totally supportive of the idea of distance education and training. Most districts indicated that training could be taken within the home community with the need for travel to larger centres for clinical training and practicum portions of the training. It was indicated however that some type of interaction with the instructor was necessary. The internet and computerised upgrade training were all suggested as effective methods of delivery. Some participant comments follow.

- *As program co-ordinator for GDI for ten years, we built one institute and we found that our success rate for training done at the community level is very high. If you brought your kids to the city it's different. The success rate is not as good. So I really believe in community based training.*

- *There's no reason why they couldn't do the bulk of the classroom work in Distance Education.*

- *There needs to be support for distance delivery for all the courses possible so that people can take them at home. The nurse re-entry program you can complete almost all of it anywhere throughout the province. You only have to go into the cities or where ever for certain clinical experiences and that. The social work program in Regina is an excellent model for province wide delivery.*

- *Prior Learning Assessment and Recognition (PLAR), gives credit to what you know already. A person throughout their career will probably have five different careers. Well you want to be able to give maximum credit if you already know something, you can't afford to have to* *learn it, and you know demonstrate if you know it again. And so I think that that's one area where education needs to be able to move ahead is that whole area.*

- *There's always going to be somewhere you need the interaction. For instance when you do the anti-racism training. You have to actually interact with people from a different culture and different race so that you'll get it.*
- *There's Internet, the Pathways courses, computerised training for upgrading, there's lots of technology out there that can meet different needs.*
- *We should be using the institutions. There are lots of good qualified people, there's no reason why we can't come up with a plan to get them in on this. They have got to start technology-based training otherwise they're going to fall right out of the loop*
- *A lot of times northerners don't want to go down to the south to big cities to train. It's out of their environment and it's just not comfortable with it. There's enough there that they can have the training right there in the northern colleges and that and just have them trained there. And then recruit them to work in the communities instead of spending all our money recruiting or bringing the whites up into the north. And there's lots - every level of job that you can think of can be handled with people in the north that need work – need year round work..*
- *I think one of the profound things that was in that report was that people where ever they go to get trained is where they stay to get employed. And that's what needs to be done I think. Move these educators into the community. When you have those courses out at the rural college, regional colleges. We've been finding is the employers have some real work to do in these areas students go out into those areas, they can't find anywhere to live.*
- *One of the things traditionally in learning is that I think we all have different learning styles and traditionally there's often only been one method of delivery. That's where choice is really important that some people will learn best through a computer. Some will learn best at a table like this, and some employee's choices.*
- *You shouldn't have your choices limited based on distance that within certain distance parameters there should be XY and Z available.*
- *Who's responsibility is it the health care dollars or education dollars? It has to be a provincial initiative.*
- *If the districts take the initiative to actually provide training, we run the risk of falling into the same thing as what's happening right now with the bursaries; we're trying to outbid each other to recruit people. They recruit them and I'll train them as soon as they hit the pavement. We're talking about Special Care Aides; right now SAHO says that SIAST accreditation is what's needed for Special Care Aides. It has to be consistent in the province, a recognised training program.*

5.3.4 Rural and Urban Recruiting Factors

A number of factors come into play when discussing differences between rural and urban recruiting practices.. The issues faced by rural employers include but are not limited to are; the somewhat limited possibilities of full-time employment, the opportunity to have more than one job to ensure full time hours, availability of employment opportunities for the health care employee spouse, and available housing and amenities, etc. The initial research seemed to focus more on specific occupations as opposed to overall recruiting practices of rural and urban districts. Following are some selected quotes from participants.

- *The situation in rural areas appears to be more acute than in urban areas. Rural Districts indicated that it is difficult to attract nurses to their operation since graduating nurses want to live in urban areas or leave the province. In addition, it is difficult to convince nurses to move to rural areas to take on casual/part-time positions. Skilled nurses will move to the full-time positions, whether in Saskatchewan or not. There needs to be a way to establish full-time security for casual and part-time work in the rural areas.*
- *The rural/urban shift in population presents a major problem for rural employers, as fewer young "workers" remain to see to the increasing health needs of an ageing population. Rural employers generally look for generalists while urban employers focus on specialised skills. Many rural respondents indicated a need for child psychologists, physiotherapists, occupational therapists, and lab and x-ray technicians. Urban employers tended to express a need for technical staff to operate high technology equipment.*
- *The situation is generally more pressing in rural Saskatchewan. Graduates tend to want to remain in urban areas and it is difficult to recruit for positions that are not full-time.*

The validation focus was more on the factors that face people moving into a district to work than on the type of employees the districts are searching for. The rural districts seemed to be more inclined or motivated to retraining existing employees where possible to fill the changing health care needs than to try and hire from outside. This would of course not be the case for the specialized professions. Set out below are selected quotes from participants.

- *I think one of the issues is finding appropriate housing. If we bring people in, where are they going to stay? And it sounds like a minor issue but it certainly comes to the front. The whole rural-urban issue is a concern in our district. It's difficult to recruit.*
- *I think the rural health districts problems are a little different than an urban one. There are less social indemnities to offer. In terms of recruiting and retention, a rural district cannot afford to compete, to pay the big bonuses that some of the urban areas are paid to recruit people. We feel money is better spent to find people that are in the district that have to renew or upgrade skills and invest money in training, that would give us a longer term return on that one, so that's kind of what we're.*
- *I think the urban-rural split is going to become more intense and quite simply the bureaucrats have stated that reorganisation is a good thing. And I think we all know there's*

a movement to centralise services more. There's going to be a national conference that takes place in May 4, 5. There will be a presentation made by Saskatoon and Regina on something called provincialization where both Saskatoon and Regina will even take a larger role than tertiary type treatments. The amalgamation is also indicative of the split between the smaller centres

- *I think the idea of basically convincing people to come back in is a real short-term fix because you're getting generally thinking of older employees back in, they may have maybe 5 years at the maximum if you're looking at somebody that's been out of the work force for whatever reason.*

- *There are all kinds of things that are going on. Home Care and Special Care Aides are really needed. The Saskatoon Health District is working with one of the long-term care homes just to train some people in that area even though the training isn't going to be recognised, they still have to need people, so they're doing whatever they can. One of the things our district is looking at is getting the aboriginal community, the training for the Metis and the First Nations and getting a group of people together and training them all at the same time.*

5.3.5 Northern Training, Recruitment and Retention

Problems and issues relating specifically to the northern district were not covered in detail in the initial survey. Isolation was identified as the major barrier to employment and training in the north. The validation process offered a more in-depth look at the issues faced by northern health care providers and trainers.

What was identified was that the lack of amenities, housing facilities and pay were a large part of the problem for northern health districts when recruiting employees. The education process that is currently in place in the northern communities does not development of local people for the jobs Participants felt that the development of a peer group would offer the type of support that was required by participants in more remote communities. The most commonly suggested solution was to train community members to takeover the available positions. The training could partially take place in the community through available means and part could take place in one of the larger centres. It was also thought that some of the education costs could be offset. Following are selected comments from participants.

- *There needs to be enough of a peer group that there's that support that can be maintained so people will stay in the communities. When you're hiring aboriginal people, you need to send groups, so they can get support you know from one another.*

- *Education is another component that is sort of lacking. There is very little. They want the people to go off and do it on their own and maybe a leave of absence or something but there's nothing else there to assist in that. In the northern communities it's going to be that much more important to be able to have a focus on that too. Loyalty works both ways. People that feel that there's a loyalty being demonstrated; it really sounds artsy in our work climate, but I mean it really is something that can be promoted. If it is then it works the* *other way when people feel a lot more committed to the work place that they're in.*

- *There needs to be cross cultural training in the work places and that's not happening.*
- *In the northern areas, three of our areas are fly in, we do have a lot of turnover. You have to have nurses that have experience. You can't just have someone that is new. So that's another issue. And the job is very difficult. We do have incentives like signing on bonuses.*
- *At one of our northern communities they have a beautiful health centre, brand new - just gorgeous - they have doctors coming in and then outside they built a beautiful house and complex for all the nurses and whatnot. But what was very sad about it because I stayed in one is that you overlook the poverty. You just overlook these houses; you know they're just living in poverty. And I was doing a workshop up there and some of the community members said I just feel awful when I get up. And I look over there and here's all these people that are coming in and they're living in these beautiful places just totally serviced, and we're living in these shacks.*

5.3.6 Occupational Training Needs

The survey key findings indicated there was a great, and immediate need for nurses in all areas of practice. It also identified the need for Special Care Aid and Home Care workers. Following are selected comments from participants.

- *There is and will continue to be heavy demand for those positions providing direct care. These include Registered Nurses in all areas of practice, Psychiatric Nurses, Licensed Practical Nurses and Special Care/Health Care Aides and home care aides.*
- *There will also be continued demand, with relatively smaller numbers, in the areas of occupational, recreational and physical therapies.*
- *Changes in health information systems will create short-term demand in the areas of information technology and records administration.*
- *Employers are not by and large able to anticipate either requirements for new classifications of employees or new skills that will be required for existing positions. here are several occupations in the health care sector where employers believe the admission and educational requirements, and the resulting cost to candidates, have gone beyond what is necessary and what can be justified by the opportunity afforded by a career in those occupations.*
- *The greatest concern for retention and recruitment of staff across the SAHO membership is in the area of nursing – both for Registered Nurses in all areas of practice and for Licensed Practical Nurses. The problem is expected to persist into the foreseeable future.*

- *The most urgent need for operators of long-term care facilities is for Special Care Aides. Many see the cost of the course as prohibitive given the career offered.*

The validation process indicated the greater need was for more training of community health workers, Special Care Aids, and Home Care workers. As well it was suggested that advanced practical nurses need to specialise in gerontology. There will be an increase in level III and IV care; as a result facilities and employees will be needed in the near future to meet the demand due in part to the ageing population. The cost of the training for Special care Aid verses the salary a trained worker can expect was also discussed in some detail. Set out below are selected quotes from participants.

- *I can only speak for my discipline but I think we need more advance practice nurses that are specialised in gerontology. We need people who are increasingly sensitive to the needs of elderly people that we need to be able to pay more attention to that in terms of the community - what works in the community, what doesn't work in the community. And you can't continually under fund Home Care. Part of the care and quality and health is the ability to have some contact that is meaningful between your health care provider and that client.*

- *Why can't we have community education and community health workers out there. Maybe they need a one year course, maybe there needs to be another step in there of people who can be nursing assistants or something like that. Then they can continue to upgrade their education.*

- *The money is in place right now. There is more than enough money it's not being put where it should be put properly to do this.*

- *The long-term care facility is a 52-bed unit, there's 30 Alzheimer wing now, and the other half is heavy care. And we've got Special Care, Home Care Services and long-term care services.*

- *Our Home Care services demands have doubled in the last four years.*

5.3.7 Communication Plan and Co-ordinated Approach to Training

Development of a communication plan and an infrastructure were offered at starting places for the communication process. Participants felt that one large group could be formed which could be broken down into sub groups or committees. Some participants felt that the provincial government should become involved at some stage. There was some support offered for the sector partnership program. Most of the research respondents indicated that there was support for a co-ordinated training approach. Following are some selected quotes from participants.

- *Several respondents expressed the belief that there is a need to have human resource management co-ordinated across the province to avoid Districts and other employers competing for the same personnel.*

- *I don't know how it's going to work out but I think everybody there is there with good intentions. But as to process and as to its effectiveness, there isn't a co-ordinated effort, now like this might be a beginning, and hopefully this works out but time will tell.*

- *I think all of the communities have been involved in community surveys. They are at various stages. We're working right now on regional training plans to meet the needs that have been identified from the surveys. Some of those training plans health related have already been submitted some have already been started, there's been one started for this fiscal year. We're working on a training plan right now.*

- *We identified a lot of the stuff that we need. We're working on those right now.*

5.3.8 Training in Saskatchewan

The initial observation indicated the training offered in the province was successful for the most part but there was seen to be a lack of co-ordination between the different training providers when it came to the development of new programs and the delivery of existing ones. Some participant comments are listed below.

- *Many of those involved in the delivery of training programs are not comfortable with the level of communications and co-ordination that exists among educational institutions. They also feel there could be greater efforts to communicate with employees in developing long-term plans.*

- *The process of planning and developing a new training program can be extremely lengthy. From the time a decision is make to proceed to the time graduates enter the workforce can take up to seven years and is generally not less than three years.*

- *Most responses to this question suggest that informal and formal training relationships exist to provide "practicums" and work experiences for professional courses.*

Validation participants felt that long-range commitments in areas around funding the system were required. Cultural awareness and sensitivity training and anti-racism training were identified as a need within the health districts. It was also mentioned that standardized job requirements were needed so that training could be offered in a number of facilities and the student would still qualify for employment. Some districts, i.e., Saskatoon, have an aboriginal initiative program. Participants felt that having more First Nation and Metis people in decision-making positions would go a long way in addressing the current problems. Listed below is an overview of participant comments.

- *One of the things in the health care system is continuous changing of qualifications and the job duties and the descriptions make it really a barrier for someone who is actually going to be trying to go for the training to get the thing to get through and it's all changed.*

- *There's got to be some long-range commitments in budgeting and there's got to be some* *long range planning on how you're going to retain these people.*

- *There's going to have to be something done in our districts with regards to having the environment, aboriginal sensitivity, the education of the existing people in the work force. There has to be some support mechanisms.*

- *We're talking about representative work force where we need to start doing hiring. Let's get some aboriginal people in there in the top jobs and then you can see a few different things happening about the philosophy and who, and how things are dealt with, how situations, especially racism issues are handled in the work place.*

- *When it comes to quality training, there's never any money. You know, they segregated us from the general pot, you know as manpower. GDI used to have a really good training program for employment and I see so many of these programs now when they're training First Nations or Metis and they don't need their jobs. All they're doing is they're occupying their time. The only difference is they have student loans to pay for this time and they were worse off when they started. If we're going to do a nursing training, we've got to make sure that there are jobs at the other end for these young people, or else we're misleading them. Employers express a high degree of satisfaction with the quality and scope of the training and education provided by the province's educational institutions.*

- *While there is a need for recruitment and retention strategies to address specific current shortages in particular occupations, existing educational programs should, for the most part, produce sufficient numbers of graduates to meet projected demand based on projected turnover rates.*

- *There is virtually no position in the sector for which some employer in some location has not faced difficulty recruiting qualified personnel. Employers also express concern over the competition among districts and others for human resources. Some move to centralise this function and ease these difficulties would be welcome.*

- *The few occupations for which training must be sought outside of the province include occupational therapy, sonography and speech pathology. While the numbers of occupational (and recreational) therapists employed, vacancy rates and turnover rate might justify a college, the time frame, from institution to turning graduates into the workforce, is some six or seven years.*

6.0 Gap Analysis

The gap analysis is based on the literature review, survey results, industry validation and the Steering Committee meetings. It outlines the fundamental gaps that exist between what is currently in place and what the Health Sector requires. These gaps are listed below:

1. Saskatchewan's health sector labour force is currently not reflective of the population. A representative workforce is imperative if the industry is to meet the growing employment needs of the industry as well as the needs of First Nation and Metis communities.

2. There is an opportunity to meet the new challenges of adaptive resource management through formal and informal training including short courses, on the job training, upgrading, summer courses and distance delivery.

3. Centralized training is not always a viable option for meeting the needs of the health sector. The possibility of community based training should be investigated with training providers and health employers.

4. Casual hiring is hampering recruitment for some of the health districts. Comments from the Steering Committee suggested the problem is systemic, as it impedes recruitment for everyone, and does not help to increase participation of Aboriginal people in the workplace. Casual hiring is creating barriers, especially for aboriginal people because the need is for full-time employment. With the cost of getting an education taken into consideration, and the only option for employment being casual, people are not motivated to enter into the health sector for employment. There is a need to move toward more full time positions.

5. While the health programs presently have full enrollment, the issue is around whether there are enough training seats to meet the employer demand for graduates in such areas as Home Care/Special Care Aide, LPNs and nurses. As well, the other issue is the current enrollment is not representative of the aboriginal population. Therefore, there is a need for more promotion of health education in a more positive manner and training and employment in the health sector as a career of choice for aboriginal people.

7.0 Recommendations

The following recommendations were developed by the Steering Committee and are based on discussions with the Committee about the research conducted. The recommendations, proposed by the Steering Committee are to serve as a guide for the future direction of the Sector Partnership. As the Committee's work continues, these recommendations will evolve into the basis for further action, through the refinement of goals and strategies and in keeping with the changing needs of the industry. These recommendations encompass strategies to keep abreast of changing human resource and training needs in the industry, as well as strategies to address the pressing concerns of today.

7.1 Data collection

Recommendation: The Steering Committee recommends that a consistent means to collect data be identified, developed and implemented.

Data Collection Strategies

- Develop a central registry for all information that has or will be collected regarding Health sector issues.
- A 'standardized method' of data collection needs to be implemented so all participants are dealing with the same data. Currently there is an abundance of data available but it has not been collected in the same manner from all participants.
- Communicate to stakeholders the need for resources, both financial and human, to undertake the data collection.
- Establish linkages to the job evaluation project.
- Access (payroll project) payroll systems to gather some of the data that is available from all participants.
- Share the information held by the various stakeholders i.e., Sask Health, SAHO, etc. The information that is currently in place should be used.
- Training database will be validated by the education and training institution.
- In the future, more assertive methods be undertaken for data collection which needs to be done on a more consistent basis for such things as succession planning and training delivery.

7.2 Web Site

Recommendation: The Steering Committee recommends a website to house the training database be developed and maintained for on-going updating and enhancement of training information. The Steering Committee working in partnership with SAHO can decide where the database should be housed and how to maintain it on a consistent basis. The website should include such information as job classification, salary range, in-scope and out-of-scope positions, job descriptions, and qualifications.

Web Site Strategies

- Steering Committee work with SAHO on the logistics of establishing and housing the database.
- Examine hiring a person to maintain the database on an on-going basis to ensure consistency and accuracy.
- Link all training institutions at the web site stage.

7.3 Overcoming Barriers to Employment

Recommendation: The Steering Committee recommends that strategies be implemented to address the following barriers to employment:

- Misconception, misinformation and negative attitudes toward aboriginal people.
- The cyclical nature of entry level employment which leads to low retention and turnover.
- Misunderstanding of the role of unions.
- Lack of accurate information and employment status for succession planning.
- Reduced accessibility to jobs in the rural and northern districts due to casual hiring practices.
- Access to advanced math and science subjects in rural and northern areas.
- Access to training in the north.
- The high cost of education and training versus low level income.
- The arbitrarily "raising of the bar" for qualifications for low skill employment jobs (i.e. a job that requires a grade 8 education being moved to requiring a grade 12 education).

Employment Strategies to Address Barriers

- Communicate the information on labour market demands and job projects to both the employers and to prospective and current employees so that individuals can plan for the training they need, select the job they want and begin succession planning. This information should be made available to the K-12 aboriginal and non-aboriginal school systems, Aboriginal organizations and on the SAHO website for the general public.
- Provide accurate information about the role of seniority.
- Provide generic information about all the jobs in each district including those that are occupied.
- Health Care needs to be promoted as a positive place to work. The Committee should identify areas that may be seen as casting a negative light on Health Care careers and take an active role in representing it favorably to the public. The Steering Committee can

participate in the strategies to promote health careers in a positive manner and the health sector as an employer of choice.

- Health employers hire an aboriginal employment co-ordinator.

7.4 Education and Training Requirements

Recommendation:

3. The Steering Committee recommends talks be started with Saskatchewan Education to discuss the urgent need for the delivery of math and science 10, 20, and 30 levels, particularly in rural and northern Saskatchewan schools and to develop alternative ways to deliver these subjects. It was identified in the study that prospective rural and northern students do not always have the required pre-requisite education to enter health career education and training programs.
4. Develop culturally relevant math and science content for the K-12 subjects and culturally relevant content in post-secondary educational programs (i.e. Home Care/Special Care Aid and Nursing).

Recommendation #1 Strategies

- Improve access to the advanced levels in the math and science subjects for rural and northern students through consultation and work with Saskatchewan Education.
- Collaborate with education and training institutions to ensure consistency regarding the educational qualifications for each position classification.
- Utilize the aboriginal employment co-ordinator to work with schools to address education and entrance requirements and promote health careers.
- Market and promote the various preparatory programs that have been developed by the education and training institutions which improve success rates for students entering into health career programs. These programs will serve as a stop gap until such time as the regular math and science school programs are available.
- Work closely with the Provincial Representative Workforce Council to share information from this Committee and work together on common issues or needs.

Recommendation #2 Strategies

- Strengthen and ensure there is integration of aboriginal awareness content into the curriculum of high school subjects, occupational skill training programs and post-secondary educational courses.
- Improve and enhance consultation with the aboriginal education and training institutions in the development of culturally relevant education and training curriculum and utilize these aboriginal institutions in the delivery of these curricula.
- In collaboration with the aboriginal educational system, incorporate and use aboriginal essential learning developed by the aboriginal educational system.

7.5 Workplace Aboriginal Awareness Training

Recommendation: The Steering committee recommends training take place in all workplaces on Aboriginal Awareness to prepare the workplace. A communication strategy should be developed for the workplace explaining the representative workforce strategy.

Aboriginal Awareness Strategies

- Develop a marketing strategy and identify the various media (newsletter) that can be used to get the message out to the employers, union, employees and board members, about the Aboriginal Employment Development Program and its initiatives and strategies to attain a representative workforce in this industry.
- Aboriginal employment coordinators to participate in the development of Aboriginal Awareness Training in the workplace.
- Establish mentorship/role models between current health care workers and prospective employees and students.
- Involve all stakeholders to participate in aboriginal awareness training.
- Aboriginal education and training institutions to play a role in the development and delivery of workplace aboriginal awareness training sessions.
- Use aboriginal people in the delivery of aboriginal awareness training.

7.6 Role of Unions

Recommendation: a) Employers, unions and the Aboriginal community work together in an ongoing forum to build an agenda to identify the challenges and opportunities for aboriginal employment.

b) The Union work with the Health Districts to educate the public, including Aboriginal people and clarify the role of unions.

Role of Unions Strategies

- The unions will meet to discuss and develop a communication strategy on the role of unions and the development of a common agenda.
- The Steering Committee will then develop an overall communication strategy.
- The communication strategy will be shared with the respective union bargaining committees.

7.7 Communication Strategy

Recommendation: The Health Sector Partnership Steering Committee will develop a communication strategy for releasing and distributing this study and its findings and recommendations.

Communication Strategies

- Each member of the Steering Committee will receive a copy of the complete final report which includes three documents (the main body of the Report, the Appendices and the Training Database) together with the Executive Summary by e-mail and in hard copy form.
- PSEST will distribute the Executive Summary to its list of stakeholders.
- All members and stakeholders of SAHO will receive a copy of the Executive Summary.
- Upon receipt of request for the complete report, stakeholders will be sent a copy either by e-mail or in hard copy.
- Copies of the complete study will be provided to IAA, SAHO and PSEST in hard copy, bound and unbound, and in disc form.
- The training database will be kept as a separate document and distributed.
- Post the report on the Government of Saskatchewan website.

8.0 Next Steps

The following action plan was developed as the next steps for the Sector Partnership Steering Committee to undertake:

1. Develop a communication strategy to address the following:
    - representative workforce strategy;
    - role of unions;
    - aboriginal employment development initiatives;
    - the need for partnerships; and
    - the role and function of the Sector Partnership Steering Committee.
2. Enhance and strengthen the Steering Committee to ensure there is a strong representation of all the key groups to carry on the discussions and initiatives from the report.
3. Communicate the results of the study to the various stakeholder groups, including the aboriginal community, unions and employers.
4. Arrange meetings with perspective ministers, their department officials and members of First Nations and Metis Nation governments to make them aware of the recommendations and strategies develop in this report. i.e. To meet with the Minister of Education and department officials to discuss the need to make advanced math and science programs more accessible in northern and rural schools.
5. Intergovernmental and Aboriginal Affairs will undertake the responsibility to distribute the training database to the aboriginal community for validation. IAA will work with SIAST and both Universities through their partnership agreements to discuss and determine ways to validate and distribute the training database.
6. Job descriptions will be added to the database in the next phase of the database development.
7. Committee will continue to meet to give support and direction in addressing ongoing human resource and training needs.

9.0 APPENDICES

9.1 A - Literature Review

9.2 B - Employer and Training Provider Survey: Selected Quotes and Tables

9.3 C - Validation Process - Focus Groups: Selected Quotes

9.4 D - Education and Training Database

APPENDIX A - Literature Review

APPENDIX A - Literature Review

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1.0 Introduction

1.1 Content

The health sector is central to the society and economy of Saskatchewan and to the stability and survival of its communities. At the core of any stable and thriving economy and society are adequate, accessible, available and affordable health services and the capacity to provide them to all citizens that need them. Saskatchewan has been recognized internationally for more than half a century as an innovator and leader in organizing, financing and providing health services for the population of the province and that high profile continues.

The health sector is thus one of the province's largest and most diverse employer groups. Training requirements for its workers range from completion of elementary school (or less) for some support workers to many years of university followed by many more of post graduate study and residency for medical specialists with wages, salaries and other remuneration spanning a similar range. Somewhat surprisingly, the majority of the health labour force lives and is probably employed in the province's urban rural areas and smaller communities.

Expenditures on health care have shown continuous significant growth in the roughly fifty-year history of public funding of these services. While slowing for a time in the first half of the decade, health expenditures have apparently resumed a rate of increase far in excess of public expenditures generally. This is reflected in employment in the sector, which continues to grow more or less consistently with the increase in expenditures. Accordingly, there are employment opportunities in the health sector. Indeed, there are serious and growing shortages in a number of occupations.

An area in which the health sector faces major challenges is how, and how well it serves the province's Aboriginal people. An important measure of this is the extent to which the sector employs Aboriginal people and in what capacity those people are employed.

Finally, while health services are financed almost entirely out of the public purse and offered largely within that part of the public sector that is almost exclusively under provincial jurisdiction, there are inter-provincial, national and international issues which bear on the sector and its labour force in Saskatchewan and these will be noted in this document.

1.2 Objectives

The objectives of this report are to capture and summarize the findings from the literature review which, in turn, has been conducted not only to provide this summary, but to enable the consultants to identify key issues and to probe more deeply in to them in their primary research activities (key informant interviews and focus group testing). The report will address and summarize the following areas:

- An overview of the health sector, its composition, structure and direction and anticipated short and medium term changes;
- An overview of the health labour force and its key characteristics;
- Key human resource and training issues in the health sector;
- Issues related to the employment of Aboriginal people in the health sector and data on "where the jobs are" in the sector, thereby better enabling Aboriginal people and organizations to seek out these jobs and to work with health sector employers at achieving a representative work force.

2.0 Methodology

But for sources drawn upon to establish a longer-range historical context, most literature reviewed for this report has been published post 1990. Data is as current as is available and drawn from a number of sources. Indeed, we can state with few reservations that observations and conclusions on issues and trends are backed by perhaps the most comprehensive and current data available on any sector in the province. This date has been rigorously gathered and maintained by the sector and its representative organizations, governments, professional associations, unions and others. While Saskatchewan is the primary focus of this document, it also includes the national context where this is appropriate.

Neither the literature review nor the main study directly addresses the issue of physicians and other non-salaried or non "employed" professionals (dentists, optometrists, etc.) and this is deliberate. While they are central to how the health system operates and to many issues and trends in the health labour force, their position as independent providers deriving income largely on a fee for service basis from government or individual clients or their insurance companies is a unique and complex one worthy of separate and thorough analysis in the context of labour force and other issues. This project focuses on those who are, in the traditional sense, "employed" in the health labour force.

3.0 A Sector and a Province in Transition

The growth and development of the health sector in Saskatchewan has, since the earliest periods of settlement of the province, always been underpinned by principles of self help, high quality, reasonable access to services and had at least some presence of public governance, regulation and financing.

Health Services began being provided in an organized way in the province, beginning at about the turn of the century, largely in the form of acute care hospitals operated by religious and charitable organizations and local governments. Services were largely provided by physicians and supported by nurses whose training was principally "in hospital" on an "apprenticeship" basis.

With the expansion of settlement and in the first three decades of this century, access to health services in these rural areas became critical. This produced a flurry of activity in the development of rural hospitals, often "union" hospitals, the product of co-operative arrangements among rural municipalities to finance and operate these vital institutions. This period also saw the development of municipally operated hospital insurance plans for residents and of municipal doctor plans where one or more local governments would retain a doctor for residents by salary financed through a tax levy. The period also saw the development of dedicated capacity to treat tuberculosis and mental illness, largely through institutionalization and to treat cancer, all under provincial government direction and at provincial government expense. While the range of health professions was beginning to expand beyond and outside that of nursing, training for many of these continued to be hospital based and of an "apprenticeship" nature. In some areas such as mental health, laboratory science, applied research, etc., the health system began to look to universities and beyond medical schools to produce the trained talent it needed. This period also saw the birth of some of the health professional organizations (physicians and nurses), initiated to define the jurisdictions of these professions, training, qualification and licensure and liaison with the system, its institutions, governments and the public.

The next three decades, the 1940's, 50's and 60's, saw the system mature and begin to consolidate. It also saw, with the introduction of hospitalization insurance in 1947 and medical care insurance in 1962, the provincial government largely assumed responsibility for financing health services. The provincial government did not, however, assume control of the system with these initiatives. Control of institutions (hospitals, long term care facilities, etc.) remained largely with religious or charitable organizations or local governments with governance through local boards and physicians remained essentially a self governing and regulating profession. While the operation of institutions and the role, responsibilities and governance of the medical and an increasing number of other health professions was subject to provincial legislation, the government's capacity to act in these areas was extremely limited. This means that while it was principally responsible for financing the system and thus, the activities of the health labour force, it had little ability to set or influence training, qualifications or supply and distribution of health service providers.

With respect to providers and their qualifications and training, this period saw significant growth in the number of professions and thus, professional associations representing such new professions as psychologists, laboratory and radiological technologists, dental nurses, social workers, etc., most with their own enabling legislation. It also saw significant expansion and change in the training of health service providers. By the end of the 1960s, the education of nurses and other professions had all but completed a move from being hospital and apprenticeship based to specialized programs, developed in consultation with health sector employers, offered by educational institutions – the "technical schools" (later SIAST) and the universities. Largely as a result of advances in technology and treatment technique, the range of occupations was expanding greatly as was the specialized training to qualify for these professions and to fill these positions.

This period also saw the beginning of consolidation and retrenchment of the health system. Since World War II, the population of the province's rural areas and of the vast majority of its small communities has been declining and this continued through this period at a modest, but increasing pace. Fundamental changes in the agricultural economy and in production techniques and the cost price squeeze were increasing farm size. Improvements in transportation and communication were influencing more rural residents to shop and do business outside of their communities and in larger centres thus reducing revenues to local businesses, etc. In health services, advances in technology, diagnostic and treatment methods and specialization in medicine that simply could not be replicated in rural hospitals or physicians' offices were reducing the scope of service those institutions and practitioners could offer. Thus, increasing numbers of rural and small community residents were obtaining increasing amounts of health service in larger centres. As early as the mid 1960s, the value and role of some elements of the rural hospital system that had been vital to communities and community life only a generation before were being called into question. This resulted in limited hospital closures as early as the late 1960s and diminishing and uncertain roles for this extensive and costly network of facilities throughout the 1970s and 1980s.

This period also saw the unionization of much of the institutional health sector and, in the 1970s, consolidation of responsibility for bargaining on behalf of a multitude of employees with the Saskatchewan Hospital Association, later the Saskatchewan Association of Health Organizations (SAHO).

The 1980s saw a combination of extraordinary and apparently uncontrollable growth across Canada in health expenditures combined with a sharpening of many trends and exacerbation of many issues that had emerged earlier. New and expensive diagnostic and treatment technologies and the desire by both physicians and patients to access these were driving much of the cost increase as was a longer living population and a growing proportion of aged in the population that was also producing increasing utilization throughout the acute and long term care systems. The economic and demographic trends in rural Saskatchewan that emerged after the war were sharpening rapidly with growing farm size and increasing movement of people and economic activity from rural areas and small communities to regional trading centres and urban centres. Correspondingly, in light of all of these changes, the role of rural hospitals was becoming more uncertain and their costs more difficult to bear. Indeed, in the early 1990s, only Ontario, with ten times the population, had more hospitals than Saskatchewan.

Finally, the 1980s saw continuation of the rapid increase of Aboriginal people as a proportion of the population, increasing movement from reserves to urban communities and growth in employment, income, education, social and health challenges and issues for Aboriginal people and communities.

The early 1990s saw a crisis of major proportions across Canada for the health sector and for the governments which support it. Growth in expenditures had gone largely unabated throughout the 1980s with no apparent end in sight and little apparent improvement in the general health status of most Canadians. This was juxtaposed against huge budget deficits that had been run up in all of the provinces, largely to finance this growth, as well as by the national government, at least partly to sustain transfer payments to the provinces in support of health and education. Finally, many leaders, academics, planners and others in the sector itself were wondering whether heavy investment in technology, acute and long term care without corresponding attention to promotion, prevention and early intervention and long needed improvements in management, co-ordination, integration and governance was really the most appropriate direction for the system to continue to go.

By the early 1990s the attempts to address these financial, policy and management issues began. The Federal Government began to reduce transfer payments which, combined with major budgetary crises in most of the provinces, produced a series of major cutbacks in services and staff and closure and consolidation of institutions. Some of the "new thinking" mentioned above began also to be implemented. Different provinces took different approaches. A summary of Saskatchewan's approach follows.

Since 1991, the health system in Saskatchewan has undergone change and transition unparalleled in the province's history. In 1992, the first of a series of annual across the board program, service and staff reductions were introduced in the Provincial Budget. During 1992 also, financial support for provision of acute care in 52 rural hospitals was eliminated, thereby closing them as acute care institutions. In 1993, with introduction in and passage of the Legislature of the *Health Districts Act*, governance and stewardship over the system was consolidated from hundreds of boards carrying responsibility for individual health service institutions into an ultimate total of thirty-two geographic districts. The Boards of these Districts oversee the operation of health institutions within their respective jurisdictions and they now also carry responsibility for many health programs and services that previously were under provincial, local or other control such as mental health, public health, home care, etc.

The transition to Health Districts and the associated folding of approximately 357 health employers into the purview of these 32 new entities produced major changes for many employees, the unions which represented them and the bargaining units of which they were members. Accordingly, in early 1996, the major unions representing health workers, along with SAHO, requested that the Provincial Government appoint a Commission to determine appropriate bargaining unit configuration under this new order. The Government agreed and the Health Reorganization Labour Relations Commission (*Dorsey Commission*) was established. The Commission reported in January of 1997. The regulations that it proposed, and that were subsequently implemented, called for three standard bargaining units: health services providers, health support practitioners and nurses. It reduced the total number of bargaining units from 538 to 45 and collective bargaining "incidence" from 25 to 9 with SAHO designated as exclusive employer representative.[1] The major transition within the health labour force that this triggered continues.

Coupled with the series of organizational, financial and governance changes has been a series of changes in policy and direction. Senior governments have largely initiated these, but they have been embraced by much of the sector. They are fundamentally altering how we conceive, organize, configure, finance and deliver health services and how we measure results. The highlights of these, and their implications, particularly for the health labour force and health human resources management, are as follows:

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[1] Health Labour Relations Reorganization Commission Final Report, January 15, 1997.

- The definitions of and lines between community services, primary care, acute care and long term care are changing and being redrawn rapidly. Thus, training requirements, core job functions and relationships among and between individuals working these areas are also changing.

- Technology, new knowledge and technique in diagnosis, treatment and patient management are changing and advancing rapidly and these changes are producing extraordinary impacts on and implications for traditional providers and needs for entirely new sets of skills, training and experience.

- Our basic perceptions on maintaining and improving health are changing. We are placing much more emphasis on the health of populations and on community programs and services designed to improve the health of populations. Most health service providers and support staff in Saskatchewan have functioned within highly defined guidelines and conditions built around traditional notions of intervention, diagnosis and treatment of individual cases or smaller client groups rather than objectives built around addressing the general health needs of population defined by age, economic status, etc.

- Consistent with and critical to successfully shifting to population health and district governance, we have made a strong commitment to integration of health service. We have begun this through changes in governance but we are also beginning to change how health programs and services are configured and to break down the "stovepipes" which have traditionally kept them apart and strengthen the processes that connect and draw them together. We are making these changes not only to improve cost-effectiveness and efficiency, but also to improve quality, efficacy, client access and "friendliness". Integration is producing major changes in the job functions, working environments, training and experience requirements of providers and staff throughout the health system and this can be expected to continue at an increasingly rapid pace.

- Economic and demographic transition and adjustment will continue and the impacts and changes it produces, particularly in the province's rural areas and smaller communities, will increase significantly. This means that the agricultural economy will continue to change and farm size will continue to increase producing further decreases in population in the countryside. This will greatly affect the supply and distribution of health service providers and support staff and the nature of the work they do within and outside of traditional institutions. It is also likely to produce increasing shortages and recruiting difficulties for skilled health service providers and, perhaps, an increase in the supply and availability of less skilled individuals as a result of the increasing need for one or more members of farm families to work "off farm". None of these changes and issues, or their potential impact upon the health sector, has been adequately chronicled or forecasted.

- The growth of the Aboriginal community throughout the province, in actual numbers and as a percentage of total population, and its particular health needs and issues are producing major impacts on the health system and the programs and services it provides. The system will need increasing numbers of providers and support staff that are trained and experienced in delivering these programs and services and it will need to ensure that at all levels, its work force reflects the important position and role of the Aboriginal community in Saskatchewan's economy and society.

Taken together, these issues mean that traditional policies, systems, structures and approaches to human resources planning and management may need to change to support the transition of the province's health system into the new millennium.

4.0 The Size of the Health Sector Labour Force

The health sector labour force is very large and diverse, but if can be organized into the following broad categories, based on where its members work:

- **Acute Care Institutions** – hospitals;
- **Long Term Care Institutions** – chronic and rehabilitative care facilities;
- **Community Services** – public health, mental health, home care, ambulance;
- **Other** – including physicians' offices, private clinics, etc.

Of these categories, the first three are principally under the jurisdiction of the Health Districts and as this discussion unfolds, it will become quite evident that it is for these categories that the most comprehensive data is available.

The Saskatchewan Workers Compensation Board lists 702 firms employing approximately 31,000 insured workers in its G2 rate code: Hospitals and Nursing Homes. Each of these "firms" would be individual facilities or institutions. These include 169 hospitals, 322 long term care facilities and 82 group care facilities. The hospitals would be included in the acute care category. The long term and group care facilities would be included in the long term care institution category. WCB for this rate code category also includes 44 home care firms and 85 ambulance firms, which would be included in the community services category above.[2]

Statistics Canada Census data offers two perspectives from which to view the health sector labour force. These are by industry and by occupation. Table 1 shows the total health labour force for Canada and Saskatchewan. An important point needs to be noted here:

- The figures are drawn from the summary category: "Health and social service industries", but other more detailed labour force reports produced by Statistics Canada show the social services component at about 22.1% for Saskatchewan.

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[2] Saskatchewan Workers Compensation Board, G2 Rate Codes, March, 1999

These, calculated on this basis, are the second figures shown in the Saskatchewan row.

Table 1: The Health and Social Services Labour Force: Canada and Saskatchewan

CENSUS YEAR	1986	1991	1996
Canada	1,041,445	1,277,340	1,409,170
Saskatchewan	42,550/33,146	48,820/38,030	53,265/41,500

(Source: Statistics Canada, Census Data)

At approximately 41,500 in 1996, the health labour force is the third largest in the province behind agriculture at 77,800 and retail trade at 56,985, and ahead of education at 36,800 and the accommodation, food and beverage industries at 34,000. Also, notwithstanding the program, service and staff reductions that took place during the first half of the decade, the health labour force in Canada and in Saskatchewan apparently continues to grow.

Table 2 shows employment in the health and social services sector for Canada and Saskatchewan from 1988 to 1998. Again, the figures for the Saskatchewan health labour force, the second in the column, are estimated using the formula above.

Table 2: Historic Employment Levels in the Health and Social Services Sector: Canada and Saskatchewan

4.1.1.1 YEAR	CANADA	SASKATCHEWAN
1988	1,202,100	46,800/36,500
1989	1,228,500	50,200/39,100
1990	1,262,300	48,500/37,800
1991	1,311,300	49,800/38,800
1992	1,328,800	52,100/40,600
1993	1,370,500	52,700/41,100
1994	1,381,100	50,400/39,300
1995	1,396,200	48,000/37,400
1996	1,403,400	51,200/39,900
1997	1,398,400	52,300/40,800
1998	1,465,300	52,600/41,000

(Source: Statistics Canada Historical Labour Force Statistics, Cat. No. 71-201-KPB)

While there is some fluctuation in employment that probably reflects cutbacks and restructuring in the sector, the trend appears over the longer term to be one of increasing employment and thus, employment opportunities. Also, when juxtaposed over the census data in Table 1, these employment statistics suggest generally low rates of unemployment in the health sector.

Table 3 is a "snapshot" for the health and social sectors in Saskatchewan, of the labour force, employment, full time and part time status by key areas of employment, for the month of January, 1999. The second figure in the top row represents the calculated total for the health sector only. In this table, Health and Ambulatory care represents the "Community Services" and "Other" categories combined, while "Hospitals" and "Nursing and Special Care" in the table correspond to our categories of Acute and Long Term Care Institutions respectively.

Table 3: Key Health and Social Services Sector Labour Force Indicators: Saskatchewan, January, 1999

	Labour Force	Employment	Full-Time	Part-Time	Unemployment	Unemployment Rate
Health and Social Services/Health Totals	50,300/ 39,400	49,600/ 38,900	36,000/ 28,800	13,500/ 10,000	700	1.4%
Ambulatory Care	11,000	10,800	7,200	3,500	-	1.8%
Hospitals	17,400	17,300	13,600	3,700	-	1.1%
Nursing and Residential Care	10,900	10,700	8,000	2,800	-	0.9%
Social Assistance	10,900	10,700	7,200	3,500	-	2.7%

(Source: Statistics Canada Labour Force Survey, Saskatchewan, January, 1999)

Thus, the size of the health labour force in Saskatchewan is approximately 39,500 with about 98.5% of that labour force currently employed. About 28% or 10,800 are employed in ambulatory care, which includes community service, physicians' offices, private clinics, etc.; about 45% or 17,300, are employed in acute care institutions; and 27% or 10,700, are employed in long term care institutions.

The health labour force can also be organized into categories around what its members do. The Health Labour Relations Reorganization Commission used this approach in reorganizing and redefining bargaining units. Under this approach, there are three categories, defined as follows:

1. **Licensed Providers** – ***employees in an occupation which requires that they hold a license under a current provincial statute conferring exclusive rights to practice specific health care services or in an occupation which requires registration under a current provincial statute conferring exclusive use of occupational title, except Licensed Practical Nurses, Registered Nurses, and Registered Psychiatric Nurses.***

2. **Nurses** – ***employees employed and functioning as Registered Nurses, Registered Psychiatric Nurses and Graduate Nurses.***

3. **Health Service Providers** – ***all employees except physicians and employees included in the licensed provider and nurse categories.***

Category 1, *Licensed Providers*, includes such occupations as dental therapists, dieticians, nutritionists, occupational therapists, medical laboratory and radiation technologists, pharmacists, physical therapists, psychologists, social workers, etc. Category 2, *Nurses*, includes registered nurses and register psychiatric nurses. Category 3, *Health Service Providers*, includes all trades and support persons from housekeeping to electricians, dental hygienists and assistants and licensed practical nurses.

As of January, 1997, the health labour force, defined in this way and employed largely in the Districts, numbered as follows:[3]

1. Licensed Providers	**1,946**
2. Nurses	**9,168**
3. Health Service Providers	**20,795**
TOTAL	**31,909**

There are a number of reasons behind the differences in totals between these figures and those provided by Statistics Canada census and labour force data. The former is composed almost exclusively of unionized employees employed by Districts and a few unionized private institutions. The Statistics Canada data includes out of scope staff, non unionized employers outside of the purview of the Districts such as private care homes, physicians, and the employees of their offices and health providers employed in teaching and management positions by educational institutions, governments, professional associations and others.

Key sections of two important publications are appended to this report. These are: sections of the *1997 Saskatchewan Health Employer Survey Summary Report*, prepared by the Policy and Planning Branch of the Department of Health and the *SAHO Submission to the Health Labour Relations Reorganization Commission – 1996*. Taken together, these documents paint a rigorously detailed and comprehensive picture of the province's health labour force, particularly in the Health Districts.

The first of these, published out of the results of a comprehensive annual health employer survey, is a thorough and comprehensive review of employment statistics and trends for licensed and some other providers in the Districts and in other health organizations across Saskatchewan. It includes information on a classification by classification, District by District basis.

The third, prepared in late 1996 by SAHO to support its arguments to the Health Labour Relations Reorganization Commission, is an exhaustive compilation of key information on all unionized employees from all provider groups on an institution by institution, program by program, District by District basis for the entire province. SAHO officials advise that while this data is slightly more than two years old, it remains highly reliable.

5.0 Key Characteristics of the Health Labour Force

Table 4, drawn from census data, shows the Saskatchewan health labour force by broad occupational category and gender.

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[3] Health Labour Relations Reorganization Commission Report, PP 22-30.

Table 4: The Saskatchewan Health Labour Force by Broad Occupational Category and Gender

OCCUPATION	BOTH SEXES		MALES		FEMALES	
	1991	1996	1991	1996	1991	1996
Professional Occupations	4,070	4,130	2,405	2,220	1,665	1,910
Nurses and Nurse Supervisors	9,305	9,580	325	350	8,980	9,230
Technical & Related	6,290	5,670	1,080	1,215	5,205	4,450
Assisting Occupations	7,370	7,510	715	575	6,655	6,935
TOTAL	27,030	26,890	4,525	4,360	22,505	22,530

(Source: Statistics Canada Census Data)

Professional Occupations include physicians, dentists, optometrists and other university trained, licensed providers. Technical and Related includes laboratory and radiological technologists, dieticians and nutritionists and others falling into the category of licensed providers. Assisting Occupations include such occupations as dietary and housekeeping aides, orderlies, etc. who have designated health support responsibilities and who would fit into the category of health service providers as defined earlier. Discrepancies between these figures and those above are likely because the earlier data includes many trades and occupations not unique to the health sector, but which the sector does employ while this data includes only occupations unique to the sector.

5.1 Gender

Clearly, from the data, the health labour force is dominated by women who occupy just under 84% of the occupations above. From another perspective, employee benefit plans administered by SAHO cover nearly 32,000 beneficiaries, in and out of scope, throughout the health system. Of those covered, more than 87% are women.[4]

From the data, another issue is evident. The professional occupations (physicians, etc.) are dominated by males, although women as a proportion of this group did increase significantly, from 40.9% in 1991 to 46.2% in 1996. Health workers and their unions have argued for many years that because the industry predominantly employs women, it has lagged behind in wages, working conditions and benefits and has long outstanding sector wide pay equity issues.

5.2 Wages and Hours of Work

Because the health sector spans such a broad range of occupations, from the lowest paid labourers to the second highest paid in the country (medical specialists at $123,976 in 1995, second only to judges),[5] it is probably not productive to draw too many conclusions from average wage figures. However, Table 5 shows this information for Canada and Saskatchewan.

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[4] SAHO Employee Benefit Programs Data, March, 1999.

Table 5: Average Weekly Health Sector Earnings in Canada and Saskatchewan, December 1997 and 1998

SECTOR	AVERAGE WEEKLY EARNINGS	
	DECEMBER 1997	DECEMBER 1998
Health and Social Services – **Canada**	515.66	518.88
Hospitals - **Canada**	595.65	591.60
Other Institutional Health and Social Services – **Canada**	444.73	461.26
Non-institutional Health and Social Services – **Canada**	410.13	425.79
Private Practises of Physicians, Surgeons, Dentists	463.89	456.56
Health and Social Services – **Saskatchewan**	432.33	453.62
Hospitals - **Saskatchewan**	469.97	506.95

(Source: Statistics Canada, Employment, Earnings and Hours, 1998, Cat. No. 72-002-XPB)

For Canada, in 1997, 26.9% of health and social services employment was of a part-time nature compared with an average for all industries of 19.0%. Indeed, health and social services is the third highest, surpassed only by accommodation and food services and other services at 39.3% and 33.3% respectively. Average weekly hours of work for health and social services employees were 39.5% and 18.6% for full and part time respectively, compared to 41.5% and 16.5% for all sectors.[6] Detailed and comprehensive information on gender, hours, full time, part time and casual employment, vacancy and turnover rates for most licensed and many other providers is provided on a District by District basis in the *1997 Saskatchewan Health Employer Survey Summary Report*, portions of which are attached as an appendix to this document.

5.3 Age, Length of Service and Location of the Health Labour Force

Table 6 is drawn from information on employees covered by SAHO benefit plans. These employees, numbering approximately 32,000, are either union members or from a relatively small number of out of scope employees. The vast majority of these people are employed in the Health Districts. They represent all major provider groups discussed earlier.

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[5] Statistics Canada, Census Data, Highest and Lowest Paying Occupations, Canada, 1995
[6] Statistics Canada, Labour Force Update, Cat. No. 71-005-XPB

Table 6: The Health Labour Force by Age, Sex, Length of Service and Urban or Rural Place of Residence

AGE		YEARS OF SERVICE MALES FEMALES TOTAL							
		0-5	6-10	11-15	16-20	21-25	26-30	Over 30	Total
Under 26	Urban	141	8	0	0	0	0	0	**149**
		745	6	0	0	0	0	0	**752**
		886	**14**	**0**	**0**	**0**	**0**	**0**	**901**
	Rural	60	2	0	0	0	0	0	**62**
		752	14	0	0	0	0	0	**766**
		812	**16**	**0**	**0**	**0**	**0**	**0**	**828**
26-30	Urban	184	50	7	0	0	0	0	**241**
		894	290	19	0	0	0	0	**1203**
		1078	**340**	**26**	**0**	**0**	**0**	**0**	**1444**
	Rural	92	27	1	0	0	0	0	**119**
		904	287	17	0	0	0	0	**1208**
		996	**314**	**18**	**0**	**0**	**0**	**0**	**1328**
31-35	Urban	172	105	50	18	0	0	0	**345**
		784	500	320	50	0	0	0	**1654**
		956	**605**	**370**	**68**	**0**	**0**	**0**	**1999**
	Rural	125	58	30	2	0	0	0	**215**
		904	524	390	51	0	0	0	**1869**
		1029	**582**	**420**	**53**	**0**	**0**	**0**	**2084**
36-40	Urban	179	83	105	50	8	0	0	**425**
		747	421	500	451	33	0	0	**2152**
		926	**504**	**605**	**501**	**41**	**0**	**0**	**2577**
	Rural	133	52	41	27	3	0	0	**256**
		1097	614	449	453	31	0	0	**2644**
		1230	**666**	**490**	**480**	**34**	**0**	**0**	**2900**
41-45	Urban	128	56	56	57	35	4	0	**336**
		766	424	291	392	250	9	0	**2132**
		894	**480**	**347**	**449**	**285**	**13**	**0**	**2468**
	Rural	120	39	41	26	17	0	0	**243**
		1244	709	553	435	297	9	0	**3247**
		1364	**748**	**494**	**461**	**314**	**9**	**0**	**3490**
46-50	Urban	115	38	35	33	44	26	3	**294**
		561	386	306	297	210	92	5	**1857**
		676	**424**	**341**	**330**	**254**	**118**	**8**	**2151**
	Rural	97	39	30	30	20	10	1	**226**
		805	540	467	387	220	103	3	**2525**
		902	**579**	**497**	**417**	**240**	**113**	**4**	**2751**

AGE	**YEARS OF SERVICE** **MALES** **FEMALES** **TOTAL**								
		0-5	**6-10**	**11-15**	**16-20**	**21-25**	**26-30**	**Over 30**	**Total**
51-55	Urban	79 314 **393**	27 261 **289**	35 221 **256**	34 240 **274**	23 158 **281**	21 75 **96**	18 19 **37**	**237** **1288** **1525**
	Rural	82 516 **598**	20 369 **389**	21 393 **414**	18 358 **376**	19 186 **205**	15 89 **104**	7 30 **37**	**182** **1941** **2123**
56-60	Urban	37 151 **188**	12 124 **136**	11 145 **156**	17 198 **215**	18 134 **152**	6 46 **52**	5 15 **20**	**106** **813** **919**
	Rural	45 285 **330**	17 235 **252**	22 254 **276**	11 238 **249**	12 174 **186**	7 65 **72**	0 27 **27**	**114** **1278** **1392**
61-65	Urban	17 62 **79**	7 72 **79**	11 65 **76**	12 191 **203**	4 45 **49**	4 29 **33**	2 5 **7**	**57** **469** **526**
	Rural	19 110 **129**	12 99 **111**	13 105 **118**	11 117 **128**	3 59 **62**	1 30 **31**	1 13 **14**	**60** **533** **593**
Over 65	Urban	2 3 **5**	1 2 **3**	0 0 **0**	1 0 **1**	0 0 **0**	1 0 **1**	0 0 **0**	**5** **5** **10**
	Rural	3 3 **6**	0 6 **6**	0 1 **1**	0 1 **1**	0 1 **1**	0 1 **1**	0 1 **1**	**3** **14** **17**
Totals		**13,477**	**6,537**	**4,905**	**4,204**	**2,104**	**643**	**118**	**32,000 app.**

(Source: Saskatchewan Association of Health Organizations, Benefit Plan Data)

Several preliminary observations can be made from the data in Table 6:

- A small majority of the province's health labour force resides and probably works outside of the major cities. SAHO uses postal codes to define "rural" and "urban" and on this basis, the totals, respectively, are approximately 17,500 rural and 14,250 urban.

- Approximately 42% of health labour force members in this sample have five or fewer years of service, yet only 18% are below the age of 30.

- A significant proportion of the health labour force is "middle aged" – between the ages of 36 and 50, probably somewhat reflecting the baby boom "bulge". Yet, a significant proportion of this group has less than five years of service. This may indicate that some providers have left their profession and returned. There is also a high proportion of rural women in this group, perhaps indicating a return to work by female partners in farm families as a result of the decline in farm income over the last ten years.

- The high proportion of employees with fewer than five years of service suggests relatively high turnover rates.

- The data for both sexes for age 56 and older seems to indicate that many health providers retire from or leave the sector well before the age of 65.

Further analysis and comparison with other data and the results of primary research may reveal other features and trends.

6.0 Health Labour Force Employment and Training Issues

6.1 Organizational Complexity

While the consolidation of governance into thirty two Districts and the reorganization of industrial relations and collective bargaining in the health sector were of major significance in streamlining administration and clarifying roles and responsibilities, the system, and particularly its employment and training processes, remains complex. For example, SAHO has identified over 700 job classifications among the employers it represents. Training programs are also numerous and diverse.

6.2 Supply and Distribution of Key Providers

In the words of one Health District Chief Executive Officer with whom we discussed these issues, "the next round of health service reduction in Saskatchewan will not be because of budgetary cutbacks, but as a result of shortages of key health professionals".

There appear to be serious shortages and these can be expected to worsen. The shortage of nurses, which is a problem throughout the province, is common knowledge. Information gathered so far leads us to believe that similar shortages among other professions exist or can be expected in the short and medium term.[7] There appear to be several reasons for this, including:

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[7] "The Future Supply of Registered Nurses in Canada", Canadian Nurses Association, October, 1997.
"Registered Nurse Human Resources: Recruitment and Retention Issues", Canadian Nurses Association, June, 1998.

- Wage rates and working conditions appear to be discouraging entry into many professions and causing some to leave. For example, nursing positions in the province are split roughly one third each over full time, part time and causal positions.[8]

- Cutbacks in health care across Canada earlier in the decade appear to have discouraged entry into many professions and many who lost their jobs during that period may have left their profession permanently or choose not to return to work in it.

- Increases in cost and length and reduction in capacity of training programs combined with little change in wage rates and working conditions may be discouraging entry into these programs.

- Demographic and economic transition, producing increasingly larger shifts in population, and thus, the supply of health professionals, from rural areas to major urban centres.

This review has not detected and nor do we foresee significant shortages in most support staff classifications although there is, as we will comment later, a serious and rapidly growing disparity and associated problems and issues with respect to Aboriginal representation in the health sector workforce.

6.3 Training

The literature review has identified a number of issues related to training. These include:

- An increase in training requirements (length, complexity and difficulty of training programs, etc.) for some providers without corresponding increases in wages or improvements in working conditions or job security, thereby discouraging entry into some training programs. Further, there is concern, particularly in nursing, that the training requirement of a bachelor's degree proposed by the professional association is far beyond the occupational requirement for many nursing positions, thereby further contributing to the shortage.

- Apparently, little communication and co-ordination exist between training programs and organizations, particularly those that are university based, and health sector employers on program content, enrolment, duration, etc. producing difficulty in matching output with employer needs and problems with supply and distribution.

- Designating core competencies for professions and providing continuing training and education to ensure that these core competencies are maintained. For example, for many licensed providers, once licensure is obtained, little by way of defined process and requirements exist whereby these competencies can be measured and maintained.

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[8] 1997 Employer Survey, Saskatchewan Health

- In some professional training programs, growing differences between employer requirements and training program outputs.
- For support staff positions, particularly variances among employers in training and educational requirements for some positions, often through setting requirements unnecessarily high, thereby increasing barriers to many Aboriginal people.
- An increasing need to deliver training, particularly that associated with the maintenance of core competencies, in or near the workplace and thus, the opportunity to develop and use new training methods and technologies.

6.4 Health Reform and Restructuring

Most stakeholders appear to be aware of the implications the health reform process holds for health human resource management and policy and of the issues that are developing around human resources management within a radically different health system.[9] Key among these issues are:

- Central to the reform process is the concept of integration services and greater emphasis on community services. This will necessarily mean that the current job functions of many health professionals will change. How do we prepare for this in the context of organization, jurisdiction, representation, wages and working conditions, etc.?
- Legislation and regulations, influenced largely by professional associations, set the job functions and scope of practice of many health service providers. As job functions change, corresponding changes in legislation and regulation, and perhaps in the role and focus of professional associations, may be required.
- Health reform will probably change how many working in the health sector are managed, to whom and how they report and their relationships with one another. Issues associated with these changes need to be identified and understood and policies and processes redefined to support these new relationships.
- The reform process, carried through to its logical conclusion, will dictate a fundamental rebuilding of virtually all existing training programs and organizations and of training policies and processes. The health and education systems need to begin to prepare for this.

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[9] The Education, Regulation and Utilization of Saskatchewan Health Providers, Adapting to Health Reform and Changes in Society, Report of the Health Providers Human Resource Committee, Saskatchewan Department of Health, March, 1996

6.5 Jurisdiction and Responsibility

The health industry is unique in that there are many key players with significant responsibilities, roles and agendas and all of these come into play in human resources policy and management. We are uncovering many more questions than answers and these are pivotal to adequately addressing many urgent issues. Several examples follow:

- While government funds the health system, develops and implements legislation pertaining to health professions, standards, etc. and maintains capacity to gather data on the health labour force, its actual control and capacity to implement major changes is somewhat limited. Further, the system, health employers, professions, workers and the general public have high expectations of government to lead on major human resource issues, but its capacity is limited, its authority is fragmented and its resources are finite. In summary, while government is perceived to carry much responsibility, its control is actually shared with a diverse group of stakeholders with often differing agendas.

- With respect to who actually employs the health labour force, what is the role of Health Districts, and SAHO (which represents them), in relation to that of the Government? What are the roles and responsibilities of Health Districts, other employers and government in setting health human resources policy and management practices? What mechanisms might be put in place to support their working together on these issues?

- To whom are training institutions and programs responsible? Are they responsible to the Government, to employers, to professional associations, some combination of these or none at all? How can the interests and agendas of these players in relation to training as well as to policy and management be better co-ordinated?

- The Health Labour Relations Reorganization Commission identified 23 health service professions regulated by legislation.[10] Most of these are also organized into professional associations. Is the primary responsibility of these professional associations to represent the public interest or that of their members? Is their role as regulator of their particular profession appropriate and clear in relation to that of the government? What should the role of professional associations in relation to training programs, institutions and requirements be and, again, where does the Government fit in this respect?[11]

- What is the role of health care unions? Clearly, it is largely to represent the interests of members. However, member interests are so bound up by larger policy and organizational questions that it is absolutely critical the unions be involved in developing key elements of health human resources policy and in addressing key management issues.

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[10] Health Service Labour Relations Reorganization Commission Report, PP 25.

[11] The Education, Regulation and Utilization of Saskatchewan Health Service Providers Adapting to Health Reform and Changes in Society, Report of the Health Providers Human Resource Committee, Saskatchewan Department of Health, March, 1996.

7.0 A Representative Work Force

Out of the review of literature and data and contacts thus far, some issues can be identified and observations made on Aboriginal participation in the health labour force and on initiatives aimed at making that labour force a truly representative one.

7.1 Under-representation

In Saskatchewan, Aboriginal representation in the labour force is significantly below and Aboriginal unemployment significantly above that of the general population. Provincially, in 1997, the non-Aboriginal population numbered about 800,000 with a potential labour force of 630,000 and 471,000 actually in the labour force for a participation rate of 75%. Unemployment was about 5%.[12] By the year 2005, the province's Aboriginal labour force will number approximately 101,000 with 75% unemployed. By 2015, it will number 135,000, with 80% unemployed. By 2041, it will number approximately 282,000, with 89% unemployed.[13]

These trends have been historically replicated in the health sector and since health is the largest public sector employer in the province, this has significant implications for Aboriginal employment generally. The Saskatchewan Department of Intergovernmental and Aboriginal Affairs has, since 1995, been operating an Aboriginal Employment Development Program aimed at achieving a representative work force across the province. A representative work force is defined as one "where Aboriginal workers are represented at all occupational levels in proportion to their numbers in the province's population". A priority for this program is the health sector.

Aboriginal Affairs has entered into partnership agreements to work toward a representative work force with a total of 14 Health Districts, including the major urban Districts and several rural Districts. Part of the partnership process, as resources permit, is conducting comprehensive audits in these Districts designed to determine existing Aboriginal employment levels, to establish representative work force targets, and to identify jobs and occupations which might be available and suitable for Aboriginal candidates in the short, medium and longer term. The audits also identify barriers to achieving a representative work force and suggest options for removing or reducing these.[14] The audits that have been completed, demonstrate consistently that Aboriginal people are underrepresented in the health work force to an extent perhaps greater than that in the work force generally.[15] In 1995, there were about 300 Aboriginal people employed in the Health Districts out of a total work force of about 30,000. By 1998, this number had gone to approximately 700, largely as a result of the program and the partnership agreements.[16] Where these partnerships are in place, they are providing the basis for improved cultural awareness and sensitivity, more transparent recruitment processes, better retention of Aboriginal employees and other positive and innovative programs and approaches.

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[12] Overview of the Aboriginal Employment Strategy, internal discussion document, Saskatchewan Intergovernmental and Aboriginal Affairs, February, 1998, P 9.

[13] Saskatchewan and Aboriginal Peoples in the 21st Century, FSIN Report.

[14] Internal policy and discussion papers, Saskatchewan Department of Intergovernmental and Aboriginal Affairs, 1997, 1998.

[15] Health District Audits for Regina, Saskatoon, Prince Albert, Lloydminster, Parkland and Six East Central Districts, Saskatchewan Department of Intergovernmental and Aboriginal Affairs, 1996-1998.

Finally, with support from the Departments of Health, Post-Secondary Education and Skills Training and Intergovernmental and Aboriginal Affairs, SAHO has undertaken an Aboriginal Employment Development Initiative aimed at advancing the partnership approach throughout the health sector through the development of an Aboriginal employment development policy framework, initiatives to remove barriers to employment for Aboriginal people and at supporting health organizations in adopting representative work force strategies.

7.2 A Representative Work Force and Aboriginal Health Issues

Aboriginal communities and people face particular health issues and problems (diabetes, tuberculosis, health threats and disease associated with poverty and unemployment) and these are growing. Further, Aboriginal communities and their leaders are anxious to assume more responsibility for health services to Aboriginal people. In order to respond to these health issues and to support greater self-sufficiency for Aboriginal communities in health services, a vastly greater Aboriginal proportion of the work force that will provide those services is vital. Finally, the serious under-representation of Aboriginal people in the health labour force may be affecting the ability and capacity of the health system to respond to Aboriginal health issues and the quality of service that Aboriginal people receive.

7.3 Barriers to a Representative Work Force

There are many barriers associated with achieving a representative work force. A very few examples are:

- Cultural awareness and sensitivity on the part of employers and non-Aboriginal co-workers affecting entry, tenure and turnover.
- With respect to training for the professions, the need to develop more opportunities for Aboriginal students to study mathematics and science which are at the core of most training programs for health service providers, and special and bridging programs in mathematics and science to support and assist in their entry into professional training programs and institutions.
- Often health employers set inconsistent and unnecessarily high training and other qualification requirements for entry level and other support occupations, thereby

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[16] Internal discussion documents, Saskatchewan Departments of Health, Intergovernmental and Aboriginal Affairs and SAHO, 1997, 1998.

excluding opportunities that might be within reasonable and immediate reach of many Aboriginal people.

- Jobs, frequently those at the entry-level, are often not advertised or are filled through "institutional networks". Thus, Aboriginal people often do not know that these opportunities even exist.

7.4 Knowing Where the Jobs Are

Key to addressing the issue of achieving a representative work force and to progress, particularly over the short term, is that Aboriginal people and organizations "know where the jobs are" in the health sector, particularly those that can be filled by Aboriginal candidates immediately. This is being achieved in a very thorough way through conducting District audits where partnership agreements are in place. However, resources are limited and not all Districts have entered into partnership agreements.

The data in Appendix "B", prepared by SAHO in support of its submission to the Health Labour Relations Reorganization Commission, that provides information on a job by job, institution by institution, District by District basis for the entire province, should be useful in this respect until audits in the remaining Districts can be arranged, supported and completed. Further, Appendix "A", drawn from the 1997 Saskatchewan Health Employer Survey, contains similar comprehensive data, plus information on vacancy and turnover rates, all on a District basis, for licensed providers. Taken together, these Appendices should provide considerable support to Aboriginal people and organizations in locating appropriate employment opportunities in the health sector.

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Work Force Profiles, various Health Districts

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APPENDIX B - Employer and Training Provider Survey: Selected Quotes and Tables

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1. Q. B1 Thinking now about all classifications of employees, are there particular areas where you have concerns regarding either the recruitment or retention of staff? What is the nature of your concern in this area?

Selected Quotes

"Availability of RNs and training capacity for both immediate and long term positions."

"RNs and LPNs … we're suffering an extreme shortage and it's unsafe."

"Shortage of professional staff all over North America, and as such, it is even harder to attract staff to rural areas."

"Registered nurses, LPNs, occupational therapists, advanced clinical nurses, Aboriginal liaison workers, home care/special care aides: (for some) problem is high turnover rate, while other areas relate to shortages."

"Nurses, pharmacists, and mental health social workers, certified combined technicians."

"We have an ongoing issue with physiotherapists – run into the fact that largest chunk of them are female who want families and don't necessarily want to work full time."

"Occupational and physical therapists, scarce to find."

"Special care aides: it seems that not enough are being trained to fill the needs."

"Special care aides: program is far too costly for the remuneration a person can obtain through employment."

"Nursing and special care aides are tight. Issue is availability."

"Lab and x-ray technicians, as well as nurses. Lab/x-ray is difficult because of shortages."

"Maintenance, not highly skilled, but because the pay scale is low we lose them to the oil patch."

"We find a shortage of qualified applications due to shortage of training numbers and employee remuneration being too low."

"Need greater decentralized training and more student positions."

"Nursing staff could be a problem in the future with retirements."

"We do have an ongoing issue of all classifications for recruitment and retention because we fall in between a rural and urban. … definitely competition with urban centres … we often only offer casual positions."

"Nursing recruitment for casual employment."

"Part-time and casual nature in rural areas makes it hard to attract applicants."

"Because of our proximity to the border, Alberta pays substantially higher wages which inhibits our ability to recruit.

2. Q. B2 Do you foresee new positions or classifications being created within your organization that will present concerns for recruitment? What qualifications will persons require to fill these positions?

Selected Quotes

"Not at this time."

"Not for new classifications but we are looking at how we can share staff resources: combining part-time jobs in various communities."

"No, not really. The only new ones were in the information technology and we successfully recruited."

"Maybe a licensed practical nurse to take off the pressure from RNs."

"Advanced clinical nurses: would require completion of a specific course."

"I see additional positions but in existing classifications. LPNs have to be graduates of a certified course, and S.P. aides graduates of a SIAST course."

"Yes, a recreation therapist with a B.A. in Recreation Therapy."

"LPNs and rehab aides – just the availability of these people – there are not enough people coming through training."

"I see a need for payroll information technicians as payrolls are centralized and existing programs are not addressing this training need."

"We will be creating a position of scheduler: need to know collective agreements, payroll knowledge."

3. Q. C1 Are there training programs that are not currently offered in Saskatchewan which you believe should be studied or considered for development in this province? Where is this training currently accessed/offered?

Selected Quotes

"No, I just think we need more graduates."

"Not enough seats in training programs."

"In the area of rehabilitation we need a College of Speech and Occupational Therapy."

"The training programs are there, just need to decentralize."

"I think we need some sort of courses for maintenance personnel in smaller buildings."

"I think most exist in Saskatchewan but the main problem is where people have to go to take the programs."

"No ultrasound training in Saskatchewan."

"Occupational therapy training."

"We don't have an SLP Masters program, although they need it to work for us."

"Occupational therapy for sure, and ultrasound technology."

"No, I think in nursing there could be more focus on long-term care."

"I don't know but maybe rehab assistance. The issue is not availability in the province, but rather out in the rural area outside Regina and Saskatoon."

"LPN needs to increase availability, specialized training for a degree in gerontology."

"I don't know the answer, maybe speech pathology."

"Speech pathology and speech therapist. I don't know whether it is feasible for the demand."

4. Q. C2 Do existing education and training programs offered in Saskatchewan meet your organization's training needs? Please identify any specific areas of concern?

Selected Quotes

"At moment they do."

"In general, yes."

"Yes, not aware of any problems."

"I think they do."

"Access to Special Care Aide program."

"Need more training positions and costs of Special Care Aide program is sometimes prohibitive … it is costly for what they get. I think the program should be subsidized by the government."

"Other than rehabilitation, yes."

"Need more training for specific care of dementia and Alzheimer's."

"Number of RN seats should increase."

"I don't think they are. The Special Care Aide program is not as good as the old training we used to give on emotional and spiritual needs level … program is too generically oriented."

"Not well in some areas. The Special Care Aide program is too expensive for what students are taught and for what they earn."

5. Q. C3 What improvements would you / your organization like to see made to training programs? Please be specific if possible.

Selected Quotes

"Distance education for on-the-job training, practicum sites. … government has to work with industry to increase training availability."

"Return to a two-year nursing program."

"Increase emphasis on rural focus."

"Increase more funding for public employees for training of existing employees."

"Increase offering of programs in rural settings."

"Increase greater accessibility in terms of requirements and numbers of training spots."

"Need to look at retention issues like wages and benefits."

"More flexibility in delivery of programs to increase access."

"Special Care Aide program is a little difficult for some people to get the training."

"Like to see more commitment from technical institutes to offer Special Care Aide training by correspondence."

"I think when they move to degree requirements, there needs to be a bridging strategy in place."

6. Q.C4 Are there particular skills required of particular occupations that you find are not adequately provided or addressed by existing training programs? What is the most appropriate method to redress these difficulties? (General or specific by occupation.)

Selected Quotes

"The only thing for professional nurses is they need a little more training in supervision to address people issues."

"The whole issue of rural needs being generalist versus a specialist approach in urban settings."

"Too many general credits required in programs … i.e., they turned the three-year nursing program into four years, which delayed graduation and increased costs of the program for no apparent reason. They have done the same for Special Care Aides by cutting out correspondence courses and adding credit courses which have nothing to do with the program."

"I think there is not enough in nursing programs for trauma treatment and for aero-medical services."

"No real issues."

"I would be really unsure about this."

"I don't think so."

"Not aware of any problems."

"Perhaps more specific training in gerontology and long-term care for nurses."

"Not aware of any specifics other than maybe computer skills."

7. Q. C5 Does your organization have any formal or informal agreements in place with a training institution(s) or external organizations to address employment / training issues?

Selected Quotes

"We have a number of agreements for work placements."

"We have ongoing agreements for home care/special care aide programs; we also work on an informal basis with the College of Medicine for doctor training."

"Dumont Technical and the community college."

"The only place we do are with SIAST and work placement programs with schools."

"We have a lot of informal decisions with SIAST and the Meadow Lake Tribal Council."

"We have placement of special care aides and nursing students on an ongoing basis."

"None."

"Yes, with SIAST for special care aide programs and several universities for work placements."

"We have a partnership with I.A.A., but nothing formal."

8. Q. D1 How will the forecasted changes in the demographic makeup of Saskatchewan (e.g., rural/urban shift, increase in Aboriginal population of working age, etc.) impact on your organization?

Selected Quotes

"We have more transfer of population from rural to urban."

"Main thing will be the grey wave which they are predicting with more people demanding health care services and with continued shortages of staff in the nursing area of the health field."

"Our district has 30% Aboriginal population and we see that with appropriate training it can be a great untapped resource … not sure that the Aboriginal community thinks white man's education is all that valuable."

"Specific to Aboriginal, there is not really significant numbers in our district."

"The rural/urban shift is somewhat stabilized here but it will affect our model of delivery which will cause us to re-examine services offered."

"In a small centre like this we may have a tough time replacing retiring employees."

9. Q. D2 and Q. D3 Current employment levels for Aboriginal persons in the health care sector are low and below other sectors. What factors do you feel contribute to this? – and – What steps do you feel need to be taken to improve employment levels for Aboriginal persons within the health care sector?

Selected Quotes

"We have a ballooning younger population as compared to the rest of the province. Need to deal with sexual issues and parenting courses. Because of this we need more resources for health promotion."

"In Aboriginal population, we presently have a low number, but it might grow."

"For us being a small district, our population base will become smaller and thus our funding base will shrink."

"Most entry level jobs are casual or part time, as union workplace works on seniority and certain needs issues of Aboriginals can't be met by these jobs."

"Improve communications with Aboriginal community."

"As more and more quality Aboriginal people obtain employment, some of the issues will evaporate as they become role models."

"Better education and a better understanding of their cultural system and they of ours."

"Improved training of an on-the-job practicum nature. … We are hiring more and more because they get a chance to see them and they us and so issues of work history become less relevant."

"Substantial program of awareness for kids before they hit adulthood and to increase local training opportunities."

"Greater awareness of opportunities."

"Encourage them to consider the field for employment."

"Aboriginal kids have to be kept in school longer to ensure they are qualified for job opportunities."

"Education for people in the workplace to accept cultural differences."

"We have to create positions and work has to be done with unions to ensure designated positions exist, as well as appropriate training for Aboriginals."

"Maybe need to have more awareness in high school of employment opportunities in health."

10. Q. D4 Do you believe there is a need for cultural sensitivity training in your workplace that would be designed to alleviate some of these concerns?

Selected Quotes

"Yes, I think there is. There is a view that you get what you deserve and it conflicts with objectives to overcome unfairness of the past in the hiring of Aboriginals."

"At this point no, because we have a very diverse workplace already and I'm not aware of any specific problems."

"I don't think it is.... Hutterite population is more of an issue."

"I think there is and we have been doing it, although we don't make it Aboriginal specific, but rather to deal with all cultural differences."

"Possibly because I don't know how well it might be accepted but we should give it a try."

"I think it would be a good idea, need to be cautious because of negative impressions of special treatment … need to have a greater awareness of cultural differences."

"I would be really unsure about this."

"I don't think that there is a need here because our staff is already culturally sensitive trained."

"I don't think we need it here because three-quarters of our workforce is Aboriginal."

"Probably need more on a continuous basis."

"Yes, we do some, but not enough. Cost is a major factor which mitigates against the training."

"I believe it would be both beneficial and interesting for any workforce in Saskatchewan."

"I don't think so – doesn't appear to be a need."

11. Employer Comments

Nurses in General	• *Guaranteed hours are required to keep an adequate pools of staff* • *Shortages happen at once as a result of common needs in many different locations in the HD, such as flus and common cold seasons* • *Staffing levels are higher than surrounding districts, but increasing complement of staffing will only create more shortages on paper; assessment of job descriptions, staffing complements for different facilities, and acceptable staffing levels is required.* • *HD statistics for 1998 include:* – *Out of 104 positions, 9 are staffing positions in more than 2 locations.* – *3,200 hours of overtime, 2% of total hours worked.* – *XXXXX Nursing Home accounted for one-third of the overtime* – *60% of overtime was paid at double rate of salary* – *$80,000 paid in overtime for RNs* – *However, most staff will prefer to have time off in lieu of pay* • *Reduction of overtime is the goal for current staff. Measures include:* – *Guidelines for acute and long-term care staffing will be reviewed* – *Evaluation of priority of service needs* • *Part-time workers may quit if required to work more time that agreed, since they chose to work part-time because of lifestyle.* • *Co-operative effort is required with Unions and SAHO. Public perception of nursing as an attractive profession is declining because of heavy workloads and employer's apathy.* • *Wages paid should be guaranteed by guaranteed work hours in order to retain staff; but other higher financial incentives, such as parity with federal employees, may attract new staff.* • *Supply of Nurses does not meet current & future demand. The number of FTEs in Saskatchewan has remained relatively constant, but the number of student enrolled has declined by 50%. The shortage has been caused in part by the reduction in the number of graduate nurses trained; from 365 in 1990 to 185 in 1997. The number of graduates this year is limited to about 80. Measures to increase the numbers of RNs:* – *Increase school enrolment* – *Upgrade LPNs to RNs is also an option as well as increasing the number of RN students.* – *Provide incentives to lapsed RNs to renew their qualifications & return to work* • *External recruitment is also required because graduates are not meeting the entire*

	demand and competition between other HDs and the United States limit the availability of nurses. Active recruitment measures and incentives include: – *Bursaries & loan repayments for students* – *Moving allowances, housing and education leave/funding* – *Paid holiday packages* – *Finder's fees* – *Day care for children and older adult dependants for all staff* – *Flexible work hours including premium payments for night & weekend work* – *Recreation & cultural incentives in the community; telecommunications support and internet to support lifestyle incentives* • *Budget for recruitment/retention is about $200,000 over 2 years* • *Current measures included:* • *In 1998, summer relief positions guaranteed hours by floating nurses at various sites. Applicants from outside the district were not able to obtain permission to leave, however.* • *A new position will not be assigned to any one site, but will float to provide relief and extra staffing where needed.* • *Unlicensed nurses will be recruited with assistance for upgrading; students will be given bursaries; recruitment at job fairs* • *Co-operation with other communities, schools and districts, as well as provincially to work on a strategy for recruitment retention.*
RNs	• Shortage, but no vacancies; RN Administrators will fill in shifts • Problems in filling sick leave, vacations, etc. • Small pool of part-time & casual staff getting smaller for short term relief work; difficult to attract in rural areas, as well as HD are competing with other HDs for casual staff who work in a number of locations • Admin staff are working overtime which increases costs, but also increases stress and may compromise patient safety • Shortages have occurred over the past few years, not a recent development. Full-time positions are filled from part-time & casual. Shortage of relief workers. Measures to cope include: – Contingency planning for crisis situations – Develop short- and long-term solutions – Involve more staff in rotation within the district – Add onto current permanent full-time positions, at least 3 new.
LPNs	• no vacancies, but anticipate problems if hiring is required • Exploring expansion of LPN role and job description
Planning	• *Clinical placements in academic institutions [sponsoring placements]* • *Creation of part-time staff for multiple facilities [job sharing one staff between facilities]* • *Participation in job fairs* • *Program slow-downs during vacation periods*

	• *Plans identified in the Health Plan are components of this HDs Strategic planning*
Initiatives & Actions	• *Continual advertising for staff* • *Stabilization of staffing, ie., managing the floating pool of casual staff* • *Brokering and supporting training courses ie. OR Technicians/OR special care aides* • *Co-employment at multiple facilities*
Information Technology	• IT recruitment & staffing should be surveyed in health care
RNs/LPNs	• Casual replacement problem as described under Special Care
Special Care Services	• *Ongoing recruitment of RNs within advertising budget; further planned sharing of RNs within the district* • *Collective agreement limits flexibility to change:* – *The tasks and job descriptions to accommodate LPNs in Special Care.* – *The increase in the on-the-job training required for new SCNAs.* • *District is requesting interest from SCNAs and LPNs to develop a bridging program between the two occupations.* • *St. Mary's is a private educational institution offering the SCNA program affiliated with Kelsey Institute. Scholarships from Abbott Labs and tax receipts assist students.*
RNs	• Shortage because: – Many RNs are casual and have multiple employers – Many are older nurses due to retire; casual RNs take up vacant permanent positions. – Difficult to recruit new casuals
Special Care Nurses' Aides	• Shortage of trained staff because: – Call-in by seniority leaves limited hours for new casual staff – New staff find more hours working elsewhere and leave – On-the-job training difficult if new staff do not have enough hours to work
LPNs in Long-Term Care	• No shortage of trained staff, but there is no role or job position specifically for them in Special Care
Rehabilitation Services	
Occupational Therapists/OT Assistants Physiotherapists	• St. Elizabeth contracts with a private organization for rehab services; numbers are not reported by the private service provider
RNs/RPNs/LPNs	• Difficult to recruit for temporary & relief staffing.
PTs/OTs	• Serve a 160-bed care home by contract with a private organization; rehab staff also serve the rest of the community.
RNs	• Casuals are working for various employers and districts • None available for call • Recruiting through job fairs, advertisements in regional papers
LPNs	• Shortage of relief staffing; none have enough time to be fully trained for employment • Encouraged Wascana to set up an LPN satellite program in P.A.
Combined Lab/ X-Ray Tech	• Shortage/Difficult to recruit in rural areas for part-time or casual

Acute Care Services	
Registered Nurses	• Casual & relief workers are difficult to recruit
Physiotherapists	• "can't recruit a PT, not enough trained."
Mental Health Services	• *job fairs, practicums and placement opportunities.*
Social Workers	• Qualified, experienced Social Workers are difficult to recruit, especially for rural areas
Alcohol & Drug Addictions, Problem Gambling	• Should be included in the survey
Home Care Services	• *Discussions with SIAST to provide 'on-the-job' training programs for HCAs, and practicum placements for RNs and HCAs.*
Registered Nurses	• Casual & relief workers are difficult to recruit
Home Care Aides	• Difficult to recruit certified staff in some areas of the district.
Rehabilitation Care Services	• *Recruitment strategies:* – *Job fairs, advertising, signing bonuses and bursaries for grads* – *Working with South African Physiotherapists to provide opportunities to visit the health district*
Physiotherapists	• Attempted to recruit 1 FTE in the past 4 years. Only can recruit part-time by contract. • HD has recruited a graduate for next year by bursary • Working with South Africa to provide opportunities to visit district
Occupational Therapists	• OTs will move with spouses' work placement because OT salaries are lower
Acute Care Services	• *Difficult to recruit because northern communities are so isolated* • *HD is examining alternatives, but most HDs are having similar problems*
Registered Nurses	• Vacancies are filled with great difficulty. Shortages go on for long periods, particularly in XXXXX • Shortages are impacting upon the community and hospital
Combined Lab & X-Ray Technologists	• Difficult to recruit, esp. in XXXXXX • One period in 1998 when No service was available. As a result, hospital was unable to admit patients.
LPN	• New facility will require several LPNs. With no trained LPNs available locally, the HD is concerned about ability to fill staff for new facility.
Health Centre Services	
RNs/RPNs	• Public Health RNs are esp. difficult to fill; vacancies are ongoing; the problem is province-wide. • Advertising in the Maritimes; job fairs
Acute Care Services	• *Planning for shortages has been discussed at the District level* • *Planning is geared to keeping present RNs within the HD and to collaborating with SUN*
RNs	• Difficulty recruiting, especially casual and part-time staff in rural settings because no permanent positions to justify relocation. • Many part-time & casual RNs work in several facilities and communities, making less available for casual work
LPNs	• Guaranteed hours are required to recruit LPNs to community

Health Centre Services	
Registered Nurses	• "difficulty recruiting, especially casual staff."
Community Care	
Physiotherapists	• Contract most of PT services • HD would like to hire PTs directly, but the small number of graduates make recruitment difficult
Nutritionist	• Shared with another HD
Home Care Services	• Recruitment & retention of RNs is a problem particularly difficult in Home Care because most work is casual, very part-time or split shift with minimal hours per day. • HD looking at ways to centralize scheduling of all RNs and develop floating positions among facilities
RNs	• Availability of part-time & casual RNs in rural areas is a grave concern • Many part-time & casual RNs work in several facilities & communities, and so are not available for relief work. • Advertised in local papers with no success
Home Care Aides	• Recruitment of enough HCAs is difficult because most available positions are part-time or casual.
Dieticians & Physiotherapists	• Contracted from another HD
Special Care Home Services	• Planning multi-facility postings for shared positions • Guarantee hours to casual recruits
RNs	• Chronic shortage of RNs for casual and part-time positions in rural areas and not enough RNs are in training • Permanent work is required to recruit RNs into communities.
General Comments	• Ageing workforce, reduced number of new graduates in both RN and LPN/CAN occupations contribute to the shortage of trained staff • HD has a shortage in all areas and foresees and impending nursing crisis. • Enough hours are available for casual nurses, but they are difficult to recruit because of the unsecured hours of work. • Recruiting requires the creation of permanent positions. • Meanwhile, to meet the variable workload, HD is considering creating float nursing positions.
RNs	• Not enough casual staff to meet demand to relieve for sick leave, disability and vacation • HD pays overtime to fill shifts, but extended hours and increase workload has also increased sick time, LOAs and disability, esp. in flu season • Anticipated closing beds because of lack of staffing • HD has already received patients from other HDs who have staff shortages • XXXXXXX is growing; demand for services are increasing. Current funding for permanent staff positions is not adequate to meet increased demand for services: in 1993, HD had 1,500 outpatient visits/month, Now

	the HD serves 2400 to 2,600 visits/month. Funding has not increased. • RNs are leaving the workforce; those remaining are burning out. • Reducing number of graduates over the years and emphasizing degree programming has contributed to this shortage.
LPNs	• 4 LPN vacancies have not been filled in long-term and community programs. • Using Care Aides to cover, but they are not adequately trained • There is still a strong need for practical nurses.
Acute Care Services	• Shortages of RPNs and LPNs • Job fairs to recruit staffing; working on relief and floating positions, offering practicums • Bursaries & recruitment incentives are offered for PTs and Ultrasonographers.
Physiotherapists	• Alberta PTs are staffing HD facilities by contract. Because of higher paying positions in Alberta, PTs cannot be hired directly.
Ultrasonographer	• New position created this year.
Operating Room Technicians	• limited supply in the district. Perhaps the NEPs nursing program should look at including" this in their training (again). The district, currently trains but it is costly."
Community Care Services	
RNs	• Public Health Nurses with a degree and experience are hard to recruit.
Home Care Services	
RNs	• RNs with training in Home Care are difficult to find
Home Care Aides	• HCAs trained by other provinces are not meeting standards.
General Comments:	• All regions recognize the need for a stable workforce • Lack of qualified candidates for higher level positions from nurses to mental health therapists, physicians, dentists, etc. • Fee-for-Service is being tried for Mental Health Therapists under NADAP. Fee-for-service is also used for ambulance/taxi services. • Ambulance services are also provided under a fee-for-service with some health districts. • Re-classification or broadening of the classification of some survey occupations to include unique job descriptions and on-the-job training qualifications in the north, such as Community Health Nurses, Mental Health Therapists and Addictions Counsellors; • Working to address shortage of degreed First Nations Nurses, Mental Health Therapists and Social Workers
Acute Care	
RNs	• Shortage because RNs unwilling to work in isolated Northern communities.
Home Care	
Home Care Aides	• On-the-Job training is increasingly provided "in-service"
RNs	• Salary increases granted to retain existing RNs

Social Work/Mental Health	• *Anticipated shortage eased by increasing addiction counsellors and mental health therapists who have less formal training and more "on-the-job" experience*
Addictions Counsellors	• Certified workers are included as Social Service Workers
Mental Health Therapists	• Shortage of good workers in province • Demand is high for qualified professionals; Social Workers currently handle the position, but really are not qualified and end up making referrals • Workers with degrees in education, etc., are included as Social Workers in the survey if they work as counsellors
Community Support	• *Community Support Service Workers need to be captured in survey*
Community Health Nurses	• Currently listed in the survey as RNs General, but: • In the north, the description is part Primary Care nurses and General RNs doing treatments; and part Public Health Nurse promoting and educating in prevention of disease and healthy lifestyle.
General Comments	• RN Shortage • Multi-site and multi-facility positions using vacancies to increase part-time hours to create more viable positions.
Acute Care	
Health Records Technicians	• Vacancy for one year; contracted with HRT from Alberta currently • Looking to share resources with neighbouring HDs • One HRT works half-time in 2 districts
Home Care Services	
RNs/Home Care Aides	• Not enough qualified staff in rural areas • Few guaranteed hours in Home Care makes recruitment difficult
Volunteer Co-ordinators and Admin. Support	• Need to be included in Survey
Home Care Services	
RNs	• Difficult to recruit RNs in rural areas • Few guaranteed hours in Home Care makes recruitment difficult; lose many RNs to other facilities offering full-time, steady work. • HD worked with facilities to share hours with home care to make full-time positions.
Acute Care	
RNs	• Chronic shortage • Saskatchewan Health & Education should have predicted shortage
Physiotherapists	• Not enough trained
Occupational Therapists	• Hard to recruit to rural areas
CCTs	• Difficult to find casual staff
Home Care Services	• Advertizing and incentives to RNs

RNs	• Difficult to recruit RNs in rural areas; work that requires more than half an hour of travel is not attractive. • Most RNs will chose institutional work over community work requiring travel; few RNs will prefer home visiting and freedom to practice, but the unpredictable hours and travelling outweighs those benefits. • Few guaranteed hours in Home Care, split shifts makes recruitment difficult; lose many RNs to other facilities offering full-time, steady work. • HD worked with facilities to share hours with home care to make full-time positions.
Case Managers	• HD has 4 FTEs, 1PT and 5 casuals working as Case Managers • Should be included in survey
Community Care	• Preferred positions with no problem recruiting
Special Care	
RNs	• Chronic shortage • Incentives include Full-time work • Major problem with Saskatchewan Health and Education not communicating about known shortage
SCAs	• Hiring prior to graduates completing program
Casual Staffing	• Pool of Casual staff is depleted when permanent vacancies are filled within the district by casual staff • Numbers of Casual staff appears greater than actual because: • One-third (11 out of 35 Casual RNs also work in neighbouring HDs • Some casual staff work in other classifications or in several different programs • Therefore, the number of staff available for relief is small: Shortages for vacations, illness and other LOAs • Casual staff prefer to be casual for the following reasons: specific shift or program preference, and personal life issues.
Part-time Staffing	• Some assist in meeting scheduling problems; but this is not generally the case because few accept additional hours or work beyond their specific position
General Comments	• Are in follow-up to the meeting with Health Minister at the CEO Forum Feb.4, 1999
RNs	• Acute Shortage, particularly for vacation relief Casual & Part-time staff have been depleted. • Currently covering shortage by: – Using out-of-scope RNs for general duty nursing shifts to cover sick time, vacations and leaves. – Refusing some requests for LOAs – Calling back full-time RNS for overtime • A large number of vacancies do not show up in the RN/RPN sections of this survey • May close some beds over summer • Primary Care RNs especially difficult to recruit in the north after transfer

	from Northern Health in 1998. Only one of 4 positions filled. To compensate temporarily: – A Private firm, xxxxxx, are contracted in XXXXX, as well as stationing ambulance and EMT's in the community as backup.
Acute Care Services	• Co-ordinating recruiting efforts with other facilities in the HD • Re-assessing job duties to include multi-skilling.
RNs	• Shortage is province-wide, which appears to be just the beginning. The growing concern is the inability to recruit. • Initiatives include: – Letters to SRNA and educational programming expressing concerns – Information packages selling the HD, highlighting advantages of a community hospital have been sent to universities, training facilities. • Need to increase enrolment of RN students
Home Care Services	• Retirement and LOAs are a grave concern, since HD is unable to recruit RNs to small-town Sask.. This is a major concern.
RNs	• Current casual RNs are also working elsewhere and are unavailable for relief work
Home Care Aides	• Hoping that CUPE/SAHO agreements will address wage parity which is the issue that retention of home care staffing relies upon
Case Managers	• Also concerned about wage parity of SUN staff. If RNs issues are not addressed, then it may affect the retention of case management staffing. • Should be included in the Survey
Special Care Services	• Critical nursing shortage for over a year • Expanding to 12-hour shifts has not been well received • Discussions at managers and Board level because anticipate problems • Combining positions to allow for one to work at different agencies, esp. hospitals
RNs	• Enough nurses to cover the 3 shifts/day, but need more casual nurses to replace during vacations, sick time, etc.
RNs/RPNs	• 3 part-time rotations have not been filled by overtime • One part-time has had increased hours • Most part-time staff are also working at other facilities, or do not want to work more hours
LPNs	• Most work in another facility as well • No staff available for vacation, sick time, etc. • Given the uncertainty of staffing, it would be dangerous to rely upon LPNs to begin to administer medications.
Rehabilitation Services	
PT/OT	• Unable to replace staff temporarily .
General Comments	• *No present full-time vacancies* • *Casual RNs have filled two new positions in Long-term care; this caused a critical shortage in casual staffing in all programs: acute, long-term,*

	home care and community services • *Enough hours exist for casual staff to work full-time, but hours are distributed unevenly between all programs* • *Most nurses prefer to work in one program* • *Creating full-time permanent positions would reduce the number of casual staff available. HDs are reluctant to create floating positions as well because they would be taken up by current staffing leaving a more difficult outside recruitment problem.* • *Smaller centres such as xxxxxxxx & xxxxxxxx have esp. problems in recruitment.*
Acute Care Services	• *Sharing staff between facilities to maximize hours for casual staff.* • *Junior staff are given first shifts to ensure all employees receive hours in nursing*
RNs	• Difficult to recruit, have posted Canada-wide, last year; this year posting internationally; as well as job fairs
LPNs	• No qualified applicants the last 4 months. Training on the job.
Combined Lab/X-ray Technologist	• Unable to recruit relief staff
Community Care Services	
RNs	• Difficult to fill a P-T position due to a shortage of nurses.
Physiotherapists	• Unable to recruit part-time position, so HD will share with another HD
Speech Lang. Pathologist	• Vacancy in HD, but currently contracting through School Division • One FTE is being recruited, but no success.
Home Care Services	
RNs	• Difficult to fill relief positions due to a shortage of nurses willing to be 'on call' because casual and part-time RNs have other part-time/casual positions in other facilities.
Home Care Aides	• Continuing to partner with XXXX Regional College to provide 'on-the-job' training and other options to increase staffing
Special Care Home Services	
RNs	• Continuing to advertise for casual positions in local and city papers; District representatives attend job fairs.

General Comments	• Extreme shortage of casual RNs; impossible to recruit to rural communities • Concerns discussed with SUN, but without resolution • Critical shortage of casual/relief nurses • Pool is small because most want to work full-time and will move to do so • Anticipated RN summer shortage is a result of the cutback in nursing graduates by half from 1988 to 1995 • Rural RNs are working extra shifts and postponing vacations because there is no relief staff; RNs' personal health is compromised. • Barriers to rural recruitment include: specialization preferred by younger nurses, such as ICU; it is becoming a year-long process to recruit & fill each position; urban lifestyle is attractive; and living accommodations in rural areas are limited
Acute Care	• Same concerns with RN shortage
Medical Records Technicians	• Difficult to recruit for part-time
Mental Health	
RPNs	• Difficult to recruit RPNs with community experience
Social Workers	• Current SW does not have a degree; not enough qualified SWs available
Special Care Homes	• Same concerns with RN shortage
Health Managers	• Most facility managers are RNs; difficult to recruit RNs
Home Care	• Same concerns with RN shortage
General Comments	• *Need Casual RNs in all sectors* • *Planning recruitment/retention with SUN* • *Difficult to recruit casual nurses to rural Sask.* • *Nurse managers are working general duty shifts* • *Paying over-time and call-back premiums* • *Anticipate summer vacation problems relieving staff*
Acute Care Services	• Same concerns for RNs
Special Care Homes	• Same concerns for RNs and RPNs
RNs/LPNs	• Possibly replacing RN vacation shifts with LPNs • Consolidation of facilities and services for broader coverage of RNs
Mental Health Services	• No difficulty in hiring social workers
Rehabilitation Services	• *Planning tri-district recruitment: job fairs, Internet advertising and national ads.*
Physiotherapists	• Continual efforts to recruit PT over 9 months with no success • Bursary and signing bonus in place
General Comments	• Nursing Shortage
	•

RNs	• No current shortage of full-time or permanent nurses, but HD predicts a shortage in 2 to 3 years.. • Real issue in casual staffing required for relief due to sick leave or LOAs, vacations, etc. • Recruitment will become difficult because casual and part-time RNs will fill full-time vacancies due to retirement; and casual staffing is not attractive to younger graduates. RNs also prefer to work in one speciality such as home care, acute or long-term, but not all areas. • HD is not large enough to provide enough casual work at one facility to change the position to full-time. • Casual RNs work at a number of facilities including nearby larger HDs to get enough hours to work, so are unavailable to be on call. • Shortage of casual staff leads to overtime or managers working as RNs in the wards. **Nursing overtime has more than tripled in 1998 over 1997.** • Solutions include: • Combining positions to increase hours and minimize travelling between facilities. • Minimum hour guarantees for casual positions • Schedule reviews and Job descriptions to further reduce the need for casual positions • Recruitment of former RNs to renew licenses and work casually. • Converting night shifts in long term care into LPN to free up RNs for more crucial shifts. • Saskatchewan Health can help HDs by focusing on short-term shortages due to ageing RN population: • Funding relocation costs • Pay travel expenses for RNs to travel to different facilities • Saskatchewan Health can help HDs by focusing on longer-term shortages by recruiting younger RNs: • Increasing enrolment • Encouraging enrolment • Promoting the image of nursing • Bursary programs • Saskatchewan Health can help HDs by expanding the role of LPNs by enhancing their training.
General Comments	• *Strategic planning concerning staffing is required* • *Collaborating with educational institutions;* • *Training/re-skilling for existing staff is required* • *Multi-skilling is required to blend positions, such as EMT and Maintenance* • *Advanced Clinical Nurses program should be available; working to develop Health Centre as a Primary Health Services site* • *HD is collaborating with other HDs*
RNs/LPNs	• Difficult to recruit and retain to rural areas

	• Multi-site employment is currently being considered
EMTs	• Actively recruiting, but unsuccessful • Initiating EMR program
Acute Care Services	• *Developing multi-facility partnerships* • *Integrating long-term and Acute with training/orientation staff.*
RNs/LPNs	• Reduced number available; retention is a problem as no permanent positions are available; part-time/casual staff work in several different areas, adding up to full-time. No one available for relief work. • Participation in Recruitment fairs • Developing policies with SUN for permanent floating positions covering district-wide call-ins for relief staff; instead of creating more casual positions. • LPNs should be given the opportunity to expand and use their new skills in medication administrations, assessments, etc.
Home Care	• Collaborating with other agencies/services in HD • Re-evaluating job descriptions for multi-skilling
RNs/Home Care Aides	• Shortage of staff • Staff will prefer to move to Special Care because of guaranteed work hours
Acute Care Services	• *Partnering with community & educational institutions* • *Assisting LPN students in HD; will offer opportunities for graduates where possible.*
RNs/OR Technicians/LPNs	• Continuing difficulties with recruitment • Shortage of casual & part-time staff to cover LOAs, vacations, sick leaves, etc. • OR requires special skills which are hard to find
Community Care Services	
RPNs/Public Health Nurses	• Anticipate that recruitment will become a problem
Home Care Services	• *Continue to work with SAHO on recruitment strategies* • *Need to re-configure available work into full-time jobs* • *Partnering with educational institutions to attract graduates* • *In-house training is being developed for Home Health Aides*
RNs	• Shortage of relief staff for LOAs
Home Care Aides	• Very difficult to recruit because of irregular hours, no full-time hours • The cost of the educational course is much to high
Assessment Co-ordinators or Case Assessors	• Should be included in the survey
Mental Health Care Services	• *Partnering with community agencies such as Social Services, PACADA and Education*
RPNs	• Problems recruiting, especially for casual/part-time staff to cover LOAs
Special Care/ Psych Aides	• Shortage

Rehabilitation Care Services	• *Bursaries, moving expenses* • *In-house development of training of SCAides*
- Occupational Therapists/Physiotherapists	• Competition between HDs is keen; recruitment is a problem
Special Care Services	• *In-house training of Aides* • *Partnering with Education and Youth Futures programs* • *Hiring students or financing some while they are taking training*
RNs/RPNs	• Difficult to recruit part-time & casual
Special Care Aides	• Course is very costly, prohibitive to those interested • Not enough relief staff available to cover LOAs
Acute Care Services	• *Advertising has expanded provincially & nationally and internationally for RNs, therapists; by attending job fairs, The Internet, national newspapers, visiting universities in other provinces; by providing bursaries and relocation assistance* • *HD is collaborating with educational institutions to recruit and increase enrolment in the health professions.* • *Contacts are maintained with other like departments in other centres such as Calgary, Edmonton and Saskatoon to monitor the availability of staff and their movement.* • *Salaries, especially for special technicians and technologists are not competitive, substantially lower in Saskatchewan. Addressing the Salary issue is required within HD* • *Specialties are less likely to work part-time, so the work has to be structured for full-time positions* • *Specialties in Health Services are particularly experiencing shortages in staffing, esp. in Cytotechnology, Biomedical Engineering, & health research*
Radiation Therapists/ Nuclear Medicine	• Full-time positions attract special technologists and therapists. • High turnover is a result of hospital closure, maternity leave and postings in other provinces
Cytotechnologist/ Cytogenetics Technologists and Cytogeneticists	• One FTE is unfilled because of inability to recruit qualified staff and are waiting for graduates to fill this position. • In October, 1998, Health District was forced to close the Cytogenetics department because of shortage and inability to offer competitive salaries.
Respiratory Therapists Biomedical Engineering Technologists	• Recruitment is not a problem. Retention is a problem because of low salaries, low standby pay, vacation and other issues. HD has not yet taken any special initiatives directly.
Biomedical Engineering Technologists; Perfusionists &	• Are not currently surveyed, but comments suggest that this would be another group of employees which need to be surveyed. • Biomedical Engineering Technologists are graduating here, but after a few years of work experience, they leave for higher paying jobs elsewhere.

Pulmonary Function Technologists; Health Research Scientists & Research Assistants	
General Medical Laboratory Technologist	• MLTs are becoming increasingly difficult to recruit. • Anticipate problem will get worse, as recent pension plan changes will result in earlier retirements
Community Health Services	• *Plans include: offering tuition bursaries and advertising nationally*
Public Health Nurses	• Demand is increasing for Aboriginal nurses
Rehabilitation Services	• *Plans include: offering more tuition bursaries and advertising nationally; relocation assistance, recruitment fairs at universities*
Registered Nurses	• Not enough graduating from U of Sask.
Occupational Therapists	• Suggested training school in Saskatchewan or increasing amount and number of bursaries from Saskatchewan Health
Physical Therapists	• Full-time positions are required to retain staff • More PTs should be trained; increase training enrolment
Mental Health Care Services	• *XXXXX Health District is taking steps to recruit mental health professionals*
Psychologist	• Difficult to recruit; temporary replacements are other professions who cannot perform all of the duties of a psychologist.
Psychiatrists	• Demand for child psychiatrists; difficult to recruit
Social Service Workers	• Change in union structure and wage parity issues make it difficult to recruit.
Registered Nurses	• Difficult to recruit; shortage in district results in high overtime.
Home Care Services	• *Planning suggestions included:* – *Create additional FT positions for RNs* – *In-house training programs may assist in recruitment of Home Care Aides* – *Bursaries for student recruitment of therapists* – *Proposal for HD to sponsor upgrading or renewal of licenses to practice.*
Registered Nurses	• Rural Integrated facility has proposed to sponsor upgrading for nurses to renew or obtain license to fill in shortages for vacations & leaves.
Home Care Aides	• Collective agreement may address parity of wages which has been a significant retention and recruitment issue.
Special Care Home Services	• *Recruiting is difficult because not enough full-time positions available in long term care in any occupational group: new RNs/RPNs prefer to work in multi-facilities for more hours; LPNs have not been fully funded. Average age of all staff in long-term care is increasing.* • *Shortages and vacancies are filled by overtime. Overtime is increasing with not enough casual nurses to fill demand. Vacation time is postponed;*

	stress is increasing. Casual positions are difficult to fill. • *A survey of nurses to identify retention, recruitment issues; analyze job descriptions; increase FTE positions; explore alternative disciplines to support nursing staff, such as ward clerks; review policies to open more short-term full-time staffing for vacations, leaves and staff absences.* • *Planning for ongoing discussions with HR to develop recruitment & retention strategies for HD.* • *Advertising has expanded provincially & nationally for RNs, therapists; by attending job fairs, The Internet, national newspapers, visiting universities in other provinces.* • *Job Duties are in the process of review to re-classify duties:* • *From RN to LPN [example: Medication Administration, although some resistance by SUN];* • *LPN to Nurse's Aides; and* • *Certified Activity Workers from PTs.* • *Temporary fill-in staff for those on leave have lower qualifications.* • *Scheduling is being restructured to make the most of part-time and casual workers; rural centres are moving to 12-hour from 8-hour shifts; and funding for more "floating" or "stand-by" full-time staff would assist in managing and reducing workload, overtime and stress.* • *Employers perceive a movement of staff from Special Care to Acute facilities because compensation for all positions has traditionally been below that of acute care facilities.* • *Employers also perceive increased stress on long-term facilities because:* • *Acuity of Special Care residents has increased;* • *Admissions have required higher levels of care, and at the same time,.* • *the number of acute care beds has been reduced.*
Registered Nurses	• Difficult to recruit; shortage in district. • Relief staff move elsewhere to full-time positions; need relief replacements for vacation/sick time; especially concerned about summer staffing • Supply has not kept up with demand: not enough seats in education programs. • Lost a number of RNs to Acute Care and Critical Care courses. • Rural casual RNs are also working temporarily full-time or permanently part-time in the city
Registered Psychiatric Nurses	• Hired RPNs to fill in RN vacancies. [how to report on survey?] • Rural casual RPNs are also working close to full-time in the city
LPNs/Special Care Aides	• Difficult to recruit; shortage in district. • Supply has not kept up with demand: not enough seats in education programs. • Turnover rate is high as part-time & casual staff are recruited to permanent jobs elsewhere, particularly to acute care facilities. • SCAs are filling in LPN positions temporarily. • Injury and sick time rate is high for SCAs, so "floating" full-time

	positions is more crucial for SCAs. • A 3-week in-house training program developed 11 positions; practicums encourage trainees to stay. • Training requires more emphasis upon personal care and assessment skills
Physiotherapists/ Occupational Therapists; Certified Activity Workers	• Difficult to recruit; shortage in district. • Certified Activity Workers have replaced PTs and provide other rehab services in some instances. • Contracted PTs are filling shortages.
Health Managers	• Workload is becoming heavier and increasingly diverse due to the limited staffing in other occupations increased scheduling /admin..
General Comments	
Occupational Therapists/ Physiotherapists	• Hard to recruit to rural HD • Not enough grads stay in Saskatchewan because the pay is low • Currently advertising in Physio Newsletters.
RNs	• Hard to recruit to rural area when you cannot guarantee shifts. • The 5 Casual staff are not readily available for call-in as they also work in other facilities and they prefer part-time work as a lifestyle choice • Shortage of relief staff for LOAs and esp. vacations.
General Comments	• *Seriously concerned about the amount of time and effort put into completing this survey:* – *Not entirely convinced of the value of this survey* – *Not formatted to our system, so not easy to provide the information* – *Considerable time spent in categorizing and putting data as required for the survey* – *Additional staff and costs to answer survey* – *Amount of interpretation required to answer survey also puts into question the accuracy of the information provided by all respondents* • *Suggest that survey be simplified to increase accuracy and be more useful to the HDs because:* – *31 of 32 HDs going to new payroll system with SAHO* – *don't feel Male/Female distinction is relevant* – *don't like all different forms and categories* – *want more analysis in the report; synopsis at beginning* – *too many professions/categories*
Acute Care Services	
RNs	• None are available for casual work • Developing multi-site positions and staff rotations
LPNs	• Not many available for rural areas
Mental Health Service	• *Half of services received from Host District xxxxxxxxx which have vacant positions and causes lack of services here* • *Lack of continuity of service also an issue with staff turnover and casual/part-time staffing of mental health workers* • *Funding for mental health services must be transferred over directly to*

	HD; HD needs to do own re-configuration of present staff . - *XXXXX HD unwilling to co-operate in transferring mental health services* - *multi-skilling is required in rural areas, rather than dividing youth, adult and rehab mental health services*
Youth Counsellors/ Mental Health Therapists	- Should be in the survey
Community Care Services	
Case Managers/ Addictions Counsellors	- Should be in the survey
Special Care Services	
RNs	- None are available for casual work - Developing multi-site positions and staff rotations
Special Care Aides	- Numbers available for staffing are decreasing - Difficult to train, as there are no RNs to teach the in-house course
Home Care Services	- *Multi-facility booking or rotation of nurses to work in home care and acute/special care.*
RNs	- Casual positions are the only ones posted, but HDs are unable to recruit RNs - Shortage is becoming a desperate situation for staff who work several sites and overtime because not enough relief staffing. They are on 24-hour call and weekends to cover.
Home Care Aides	- Unable to recruit due to irregular hours of casual work and cost of training. - Order of Modules for SIAST program may prevent graduates from working in personal care
Rehabilitation Services	- *OT/PT Assistants are of little value even though many applications are sent to the HD because of the shortage of OTs and PTs to supervise them.* - *Advertising in Sask PT newsletter and the Internet with no success*
Occupational Therapists/ Physiotherapists	- Unable to recruit a professional with supervisory skills. - One OT left after recruiting her from South Africa. She stayed for one-year. - Salary is an issue because cannot attract or retain staff without improvement in salary
Acute Care Services	
RNs	- Require constant recruitment
Mental Health Service	- *Psychologists are difficult to recruit*
Community Care Services	
Case Managers/ Addictions Counsellors	- Should be in the survey
Special Care Services	

RNs/RPNs	• Require ongoing recruitment
Home Care Services	• *Physiotherapists require constant recruitment efforts.*
Acute Care Services	• *With several RNs very close to retirement, HD anticipates that a shortage of staff will occur. Part-time and Casual RNs will take up permanent positions depleting the casual pool.* • *Regina HD also hires from our casual pool of staff.* • *Not enough graduating to recruit for any RN positions*
Home Care Services	• *Survey asks for Turnover in PT and FT positions, but real Turnover numbers are in Casual staff, especially because they find part- or full-time work in the other HDs or agencies where they have also worked casual* • *Parkland and Carleton Trail Regional Colleges and HRDC have been co-operative in planning courses for training health staff and in providing financial assistance to HC and SC Aides*
RNs/Home Care Aides	• Constant concern about the availability of casual staffing for relief work
Special Care Services	• *Casual pool of RNs is small* • *Difficult to recruit new RNs when HD only offers casual work* • *Very few RN grads available this year*
Mental Health Services	• Two full-time Mental Health Therapists should be included in the survey even though they provide a vital service and are difficult to replace. • Qualifications for MHT are quite broad to enhance recruitment. • Substance Abuse Counselling is also provided and should be in the survey
Rehabilitation Services	
Physiotherapists	• A second full-time position established this year, but could not be filled even though HD advertised provincially and nationally with NO result • In 1999, two vacancies for FT positions will create a severe shortage • Recruitment events, bursaries and signing bonuses for graduates • Also offering a starting wage higher than listed in the collective agreement

12. Tribal Council Comments

General Comments:	• All TCs recognize the need for a stable workforce • Shortages in some positions are met by: – Collaborating with other tribal councils; – Offering reasonable wages and incentive bonuses; bursaries for nursing students; – Providing 24-hour professional support from physicians and nursing managers; – by mentoring staff and building internal capacity ; for example, part of the job descriptions will be to directly mentor a junior worker; and – by promoting good team-work and working relationships; • Lack of qualified candidates for higher level positions from nurses to

	mental health therapists, physicians, dentists, etc. • Tribal Councils and Northern Districts are under transition from funding by the Medical Services Branch of Health Canada. Currently MSB partially pays for some services during the transition between federal funding to the bands and self-governing services. For example: – Fee-for-Service is being tried for Mental Health Therapists under National Alcohol and Drug Additions Program (NADAP). Fee-for-service is also used for ambulance/taxi services. – Ambulance services are also provided under a fee-for-service with some health districts. • Re-classification or broadening of the classification of some survey occupations to include unique job descriptions and on-the-job training qualifications in the north, such as Community Health Nurses, Mental Health Therapists and Addictions Counsellors; • Working to address shortage of degreed First Nations Nurses, Mental Health Therapists and Social Workers • Foresees the need for specialized positions developed in Health Research and Planning with a community Development perspective • Also foresees a shortage in Nutritionists and Dieticians because of a growing population with diabetes (Public Health RNs are filling in now). • As well, Speech Language Therapists are providing for school-aged children now, but pre-schoolers are left without treatment causing greater problems in school.
Acute Care	
RNs	• Shortage because RNs unwilling to work in isolated Northern communities.
Home Care	
Home Care Aides	• On-the-Job training is increasingly provided "in-service"
RNs	• Salary increases granted to retain existing RNs
Social Work/Mental Health	• *Reclassification to include addiction counsellors and mental health therapists may be required to include less formal training and more "on-the-job" experience*
Addictions Counsellors	• Certified workers are included as Social Service Workers
Mental Health Therapists	• Shortage of good workers in province • Demand is high for qualified professionals; Social Workers currently handle the position, but really are not qualified and end up making referrals • Workers with degrees in education, etc., are included as Social Workers in the survey if they work as counsellors
Community Support	• *Community Support Service Workers need to be captured in survey*
Community Health Nurses	• Currently listed in the survey as RNs General, but: • In the north, the description is part Primary Care nurses and General RNs doing treatments; and part Public Health Nurse promoting and educating in prevention of disease and healthy lifestyle.

13. Table 1: Trends

	Positions		Vacancy Rates (%)			Turnover (%)		
Occupation	**1998**	**1997**	**1998**	**1997**	**1998-97 Change**	**1998**	**1997**	**1998-97 Change**
Ambulance – Emergency Medical Technicians (EMT)	592	534	3.7	0.9	2.8	14.5	11.9	2.6
Ambulance – EMT-Advanced	59	19	13.1	14.0	-0.9	13.1	0.0	13.1
Ambulance – EMT-Paramedic	110	114	4.3	1.0	3.3	10.8	6.2	4.6
Ambulance – Other Ambulance Attendants	346	263	4.2	2.0	2.2	6.3	4.0	2.3
Dental – Certified Dental Assistants	446	348	0.9	1.6	-0.7	7.0	9.7	-2.7
Dental – Dental Hygienists	164	143	2.6	3.8	1.2	7.2	3.3	3.9
Dental – Dental Technicians	56	48	7.5	10.9	-3.4	–	5.4	5.4
Dental – Dental Therapists	71	70	2.9	0.0	2.9	–	3.0	3.0
Dental – Dentists	270	254	1.5	1.9	-0.4	5.2	4.6	0.6
Dental – Denturists	40	48	0.0	2.0	-2.0	7.5	0.0	7.5
Dental – Uncertified Dental Assistants	67	73	0.0	4.5	-4.5	4.9	9.0	-4.1
Diagnostic – Combined Technicians	331	309	1.4	0.0	1.4	2.3	6.8	-4.5
Diagnostic – Diagnostic Medical Sonographers	63	48	2.0	4.8	-2.8	5.9	2.4	3.5
Diagnostic – Electrocardiograph Technicians	46	47	0.0	2.5	-2.5	–	2.5	N/A
Diagnostic – Electroneurophysiology Technologists	11	20	0.0	0.0	0.0	–	6.9	N/A
Diagnostic – Medical Laboratory Technologists	841	912	0.6	1.2	-0.6	4.4	2.4	2.0
Diagnostic – Nuclear Medicine Technologists	31	28	6.5	0.0	6.5	9.7	0.0	9.7
Diagnostic – Operating Room Technicians	45	52	7.9	2.6	5.3	2.6	1.3	1.3
Diagnostic – Radiation Therapists	37	39	0.0	0.0	0.9	–	13.0	N/A
Diagnostic – Medical Radiation/Radiological Technologists	350	336	3.2	1.0	2.2	7.6	3.7	3.9
Food Service Supervisors	86	123	4.3	1.1	3.2	2.9	8.3	-5.4
Health Care – Home Care Aides	1,687	1,604	1.1	0.4	0.7	11.4	9.2	2.2
Health Care – Nurse Aides	2,268	2,313	0.8	0.7	0.1	5.0	3.7	1.3
Health Care – Special Care/Health Care Aides	4,381	4,100	0.6	0.2	0.4	4.1	7.9	-3.8
Health Educators	90	100	1.2	0.0	1.2	7.2	3.5	3.7
Health Records Administrators	95	73	0.0	0.0	0.0	2.2	7.8	-5.6
Health Records Technicians	206	177	2.8	0.8	2.0	9.7	2.5	7.2
Nursing – Administration/Health Service Managers	805	589	1.0	1.8	-0.8	8.1	6.6	1.5
Nursing – Critical Care	1,025	848	1.9	0.0	1.9	1.0	1.5	-0.5
Nursing – Dialysis	103	82	13.	0.0	13.6	–	2.7	-2.7
Nursing – Emergency Room	374	285	0.7	0.3	0.4	1.1	1.1	0.0
Nursing – General	6,780	6,425	3.7	0.5	3.2	6.4	5.3	1.1
Nursing – Graduate	18	–	0.0	N/A	N/A	9.1	N/A	N/A
Nursing – Licensed Practical Nurses	1,801	1,600	2.1	0.5	1.6	2.6	4.7	-2.1
Nursing – Licensed Practical – OR	53	6	8.3	15.4	-7.1	2.1	0.0	2.1
Nursing – OR Nurses (with training)	255	182	0.0	0.0	0.0	0.5	1.1	-0.6
Nursing – OR Nurses (without training)	45	32	5.4	0.0	5.4	–	0.0	N/A

Occupation	Positions		Vacancy Rates (%)			Turnover (%)		
	1998	1997	1998	1997	1998-97 Change	1998	1997	1998-97 Change
Nursing – Occupational Health Nurses	87	62	0.0	3.7	-3.7	3.4	4.9	-1.5
Nursing – Primary Care Nurses	66	116	13.8	3.0	10.8	22.4	5.3	17.1
Nursing – Psychiatric Nurses	865	715	2.8	0.8	2.0	4.7	5.3	-0.6
Nursing – Psychiatric Nurses (Not Registered)	3	37	0.0	0.0	0.0	–	0.0	N/A
Nursing – Public Health Nurses	446	368	2.5	2.6	-0.1	5.5	4.1	1.4
Nutritionists and Dieticians	140	159	0.0	1.3	-1.3	2.5	4.9	-2.4
Pharmacists	916	836	1.9	0.8	1.1	4.3	4.6	-0.3
Pharmacy Technicians	238	203	3.8	1.3	2.5	4.8	8.8	-4.0
Psychologists	155	100	12.6	9.5	3.1	9.9	5.7	4.2
Public Health Inspectors	78	69	5.1	3.7	1.4	11.5	9.7	1.8
Rehabilitation – Audiologists	5	11	0.0	0.0	0.0	–	17.4	N/A
Rehabilitation – Chiropodists/Podiatrists	17	–	5.9		N/A	N/A		N/A
Rehabilitation – Exercise Therapists	66	–	0.0		N/A	N/A		N/A
Rehabilitation – Occupational Therapists	185	141	7.9	5.4	2.5	6.2	10.9	-4.6
Rehabilitation – Occupational Therapist Assistants	42	79	2.8	0.0	2.8	8.3	5.8	2.6
Rehabilitation – Physical Therapists	385	288	8.9	7.7	1.2	9.5	10.6	-1.1
Rehabilitation – Physiotherapist Assistants	138	194	1.9	0.4	1.5	6.7	4.5	2.3
Rehabilitation – Prosthetists and Orthotists	16	13	6.3	14.6	-8.3	–	14.6	N/A
Rehabilitation – Recreation Technologists	87	82	4.1	0.0	4.1	9.5	16.2	-6.7
Rehabilitation – Recreation Therapists	56	74	4.3	1.9	2.4	15.2	8.7	6.5
Rehabilitation – Respiratory Therapists	64	–	0.0	0.0	0.0	3.2	3.8	-0.6
Rehabilitation – Speech-Language Pathologists	160	126	2.0	1.1	0.9	4.6	3.2	1.4
Social Service Workers	389	311	0.3	3.1	-2.8	3.5	3.1	0.4
Social Workers	410	353	2.4	4.4	-2.0	11.3	5.6	5.7

Total positions reported on 1998 HES were 28,555 and for the 1997 period total positions were 26,864. Response rates and differences in reporting make it difficult to calculate changes for employment levels in particular occupations.

14. Table 2: Five-Year Vacancy Rate Trends – Health Professionals

Occupation	**Vacancy Rate (%)**				
	Year				
	1994	**1995**	**1996**	**1997**	**1998**
Ambulance – Emergency Medical Technicians (EMT)	0.8	2.0	2.3	0.9	3.7
Ambulance – EMT-Advanced	0.0	20.0	0.0	14.0	13.1
Ambulance – EMT-Paramedic	0.0	1.3	1.2	1.0	4.3
Ambulance – Other Ambulance Attendants	1.8	4.5	2.7	2.0	4.2
Dental – Certified Dental Assistants	1.6	0.4	0.1	1.6	0.9
Dental – Dental Hygienists	3.5	4.0	2.0	3.8	2.6
Dental – Dental Technicians	7.1	0.0	3.1	10.9	7.5
Dental – Dental Therapists	6.0	3.4	1.7	0.0	2.9
Dental – Dentists	1.9	1.6	1.9	1.9	1.5
Dental – Denturists	0.0	2.0	3.8	2.0	0.0
Dental – Uncertified Dental Assistants	2.3	0.0	1.6	4.5	0.0
Diagnostic – Combined Technicians	1.2	0.3	0.3	0.0	1.4
Diagnostic – Diagnostic Medical Sonographers	3.2	2.3	2.4	4.8	2.0
Diagnostic – Electrocardiograph Technicians	0.0	0.0	2.6	2.5	0.0
Diagnostic – Electroneurophysiology Technologists	0.0	0.0	0.0	0.0	0.0
Diagnostic – Medical Laboratory Technologists	0.5	0.0	0.4	1.2	0.6
Diagnostic – Medical Radiation Technologists	0.0	0.2	0.2	1.0	N/A
Diagnostic – Nuclear Medicine Technologists	0.0	0.0	7.1	0.0	6.5
Diagnostic – Operating Room Technicians	0.0	0.0	3.3	2.6	7.9
Diagnostic – Radiation Therapists	9.2	0.0	0.0	0.0	0.0
Diagnostic – Radiological Technologists	0.0	0.0	0.0	0.0	3.2
Food Service Supervisors	1.6	2.5	1.3	1.1	4.3
Health Care – Home Care Aides	0.1	1.3	0.4	0.4	1.1
Health Care – Nurse Aides	1.4	0.8	0.8	0.7	0.8
Health Care – Special Care/Health Care Aides	0.9	1.7	0.9	0.2	0.6
Health Educators	9.9	7.3	1.4	0.0	1.2
Health Records Administrators	0.0	0.8	0.0	0.0	0.0
Health Records Technicians	0.4	1.2	0.4	0.8	2.8
Health Service Managers	–	–	–		1.0
Nursing – Administration (see Health Service Managers)	0.6	0.8	0.5	1.8	N/A
Nursing – Critical Care	0.5	0.7	0.2	0.0	1.9
Nursing – Dialysis	0.0	0.0	1.3	0.0	13.6
Nursing – Emergency Room	0.0	0.8	0.3	0.3	0.7
Nursing – General	0.5	1.5	0.8	0.5	3.7
Nursing – Licensed Practical Nurses	0.9	1.3	1.1	0.5	3.7
Nursing – Licensed Practical – OR	0.0	0.0	0.0	15.4	8.3
Nursing – Not Registered/Students	0.0	3.2	0.0	0.0	N/A
Nursing – Occupational Health Nurses	0.0	0.0	0.0	3.7	0.0

Occupation	Vacancy Rate (%)				
	Year				
	1994	1995	1996	1997	1998
Nursing – OR Nurses (with training)	0.0	0.0	0.0	0.0	5.4
Nursing – OR Nurses (without training)	2.6	9.5	0.0	0.0	0.0
Nursing – Primary Care Nurses	–	–	8.3	3.0	13.8
Nursing – Psychiatric Nurses	2.0	1.9	1.3	0.8	2.8
Nursing – Psychiatric Nurses (Not Registered)	0.0	0.0	7.7	0.0	0.0
Nursing – Public Health Nurses	2.1	3.3	3.1	2.6	2.5
Nutritionists and Dieticians	1.5	2.5	0.8	1.3	0.0
Pharmacists	1.9	1.4	0.9	0.8	1.9
Pharmacy Technicians	3.7	3.3	2.2	1.3	3.8
Psychologists	8.5	8.1	5.4	9.5	12.6
Public Health Inspectors	0.0	0.6	1.1	3.7	5.1
Rehabilitation – Audiologists	4.8	7.1	19.2	0.0	0.0
Rehabilitation – Chiropodists/Podiatrists	–	–	–		5.9
Rehabilitation – Exercise Therapists	–	–	–		0.0
Rehabilitation – Occupational Therapists	6.8	6.5	5.3	5.4	7.9
Rehabilitation – Occupational Therapist Assistants	0.0	0.0	0.0	0.0	2.8
Rehabilitation – Physical Therapists	5.4	6.0	3.5	7.7	8.9
Rehabilitation – Physiotherapist Assistants	1.5	1.9	0.0	0.4	1.9
Rehabilitation – Prosthetists and Orthotists	0.0	0.0	4.3	14.6	6.3
Rehabilitation – Recreation Technologists	0.0	2.6	1.1	0.0	4.1
Rehabilitation – Recreation Therapists	–	–	–	1.9	4.3
Rehabilitation – Respiratory Therapists	0.0	0.0	0.0	0.0	0.0
Rehabilitation – Speech-Language Pathologists	0.0	0.9	1.7	1.1	2.0
Social Service Workers	4.2	1.0	0.7	3.1	0.3
Social Workers	5.0	4.2	5.5	4.4	2.4

15. Table 3: 1998 Health Employer Survey – Positions and Vacancies by Occupation

Occupation	Full-Time Positions	Part-Time Positions	Full-&Part-Time Totals	Casual Positions	Total Positions	Total Vacancies	Vacancy % Rate	Turnover % Rate
Ambulance – Emergency Medical Technicians (EMT)	225	167	392	200	592	15	3.7	14.5
Ambulance – EMT-Advanced	50	3	53	6	59	8	13.1	13.1
Ambulance – EMT-Paramedic	82	7	89	21	110	4	4.3	10.8
Ambulance – Other Ambulance Attendants	17	75	92	254	346	4	4.2	6.3
Dental – Certified Dental Assistants	270	156	426	16	442	4	0.9	7.0
Dental – Dental Hygienists	72	77	149	11	160	4	2.6	7.2
Dental – Dental Technicians	48	1	49	3	52	4	7.5	0.0
Dental – Dental Therapists	38	30	68	1	69	2	2.9	0.0
Dental – Dentists	185	79	264	2	266	4	1.5	5.2
Dental – Denturists	39	1	40	–	40	0	0.0	7.5
ental – Uncertified Dental Assistants	29	32	61	6	67	0	0.0	4.9

Occupation	Full-Time Positions	Part-Time Positions	Full-&Part-Time Totals	Casual Positions	Total Positions	Total Vacancies	Vacancy % Rate	Turnover % Rate
Diagnostic – Combined Technicians	52	167	219	109	328	3	1.4	2.3
Diagnostic – Diagnostic Medical Sonographers	42	8	50	12	62	1	2.0	5.9
Diagnostic – Electrocardiograph Technicians	21	6	27	19	46	0	0.0	0.0
Diagnostic – Electroneurophysiology Technologists	10	–	10	1	11	0	0.0	0.0
Diagnostic – Medical Laboratory Technologists	469	239	708	129	837	4	0.6	4.4
Diagnostic – Nuclear Medicine Technologists	29	–	29	–	29	2	6.5	9.7
Diagnostic – Operating Room Technicians	22	13	35	7	42	3	7.9	2.6
Diagnostic – Radiation Therapists	33		37	–	37	0	0.0	0.0
Diagnostic – Radiological Technologists	155	114	269	72	341	9	3.2	7.6
Food Service Supervisors	57	10	67	16	83	3	4.3	2.9
Health Care – Home Care Aides	174	1,123	1,297	376	1,673	14	1.1	11.4
Health Care – Nurse Aides	864	561	1,425	831	2,256	12	0.8	5.0
Health Care – Special Care/Health Care Aides	1,510	1,744	3,254	1,106	4,360	21	0.6	4.1
Health Educators	56	26	82	7	89	1	1.2	7.2
Health Records Administrators	70	22	92	3	95	0	0.0	2.2
Health Records Technicians	109	62	171	30	201	5	2.8	9.7
Health Service Managers	659	120	779	18	797	8	1.0	8.1
Nursing – Critical Care	442	334	776	234	1,010	15	1.9	1.0
Nursing – Dialysis	34	36	70	22	92	11	13.6	0.0
Nursing – Emergency Room	139	139	278	94	372	2	0.7	1.1
Nursing – General Duty Nurse	2,065	2,.412	4,477	2,129	6,606	174	3.7	6.5
Nursing – Graduate Nurses	1	10	11	7	18	0	0.0	9.1
ursing – Licensed Practical Nurses	604	649	1,253	521	1,774	27	2.1	2.6
Nursing – Licensed Practical Nurses – OR	19	25	44	5	49	4	8.3	2.1
Nursing – Occupational Health Nurses	32	26	58	29	87	0	0.0	3.4
Nursing – OR Nurses (with training)	121	72	193	51	244	11	5.4	0.5
Nursing – OR Nurses (without training)	10	21	31	14	45	0	0.0	0.0
Nursing – Primary Care Nurses	42	8	50	8	58	8	13.8	22.4
Nursing – Psychiatric Nurses	510	173	683	162	845	20	2.8	4.7
Nursing – Psychiatric Nurses (Not Registered)	–	2	2	1	3	0	0.0	0.0
Nursing – Public Health Nurses	242	151	393	43	436	10	2.5	5.5
Nutritionists and Dieticians	78	42	120	20	140	0	0.0	2.5
Pharmacists	538	265	803	98	901	15.5	1.9	4.3
Pharmacy Technicians	134	67	201	29	230	8	3.8	4.8
Psychologists	98	34	132	4	136	19	12.6	9.9
Public Health Inspectors	74	–	74	–	74	4	5.1	11.5
Rehabilitation – Audiologists	4	1	5	–	5	0	0.0	0.0
Rehabilitation – Chiropodists/Podiatrists	11	5	16	–	16	1	5.9	11.8
Rehabilitation – Exercise Therapists	36	24	60	6	66	0	0.0	16.7
Rehabilitation – Occupational Therapists	120	43	163	8	171	14	7.9	6.2
Rehabilitation – Occupational Therapist Assistants	27	8	35	6	41	1	2.8	8.3
Rehabilitation – Physical Therapists	212	115	327	26	353	32	8.9	9.5
Rehabilitation – Physiotherapy Assistants	67	35	102	34	136	2	1.9	6.7
Rehabilitation – Prosthetists and Orthotists	15	–	15	–	15	1	6.3	0.0
Rehabilitation – Recreation Technologists	50	21	71	13	84	3	4.1	9.5
habilitation – Recreation Therapists	39	5	44	10	54	2	4.3	15.2

Occupation	Full-Time Positions	Part-Time Positions	Full-&Part-Time Totals	Casual Positions	Total Positions	Total Vacancies	Vacancy % Rate	Turnover % Rate
Rehabilitation – Respiratory Therapists	26	5	31	33	64	0	0.0	3.2
Rehabilitation – Speech-Language Pathologists	108	42	150	7	157	3	2.0	4.6
Social Service Workers	163	125	288	100	388	1	0.3	3.5
Social Workers	273	92	365	31	396	14	3.7	11.3
Total	11,721	9,833	21,554	7,001	28,555	538	2.4	5.8

16. Table 4: 1998 Weighted Average Age of Health Employees in Saskatchewan by Occupation (Based on Health Employer Survey)

Occupation	Weighted Average Age
Ambulance – Emergency Medical Technicians (EMT)	31.3
Ambulance – EMT-Advanced	30.4
Ambulance – EMT-Paramedic	33.7
Ambulance – Other Ambulance Attendants	36.7
Dental – Certified Dental Assistants	31.2
Dental – Dental Hygienists	34.8
Dental – Dental Technicians	40.5
Dental – Dental Therapists	37.1
Dental – Dentists	42.1
Dental – Denturists	42.5
Dental – Uncertified Dental Assistants	33.9
Diagnostic – Combined Technicians	39.4
Diagnostic – Diagnostic Medical Sonographers	37.8
Diagnostic – Electrocardiograph Technicians	41.6
Diagnostic – Electroneurophysiology Technologists	42.0
Diagnostic – Medical Laboratory Technologists	40.4
Diagnostic – Nuclear Medicine Technologists	34.0
Diagnostic – Operating Room Technicians	45.2
Diagnostic – Radiation Therapists	32.7
Diagnostic – Radiological Technologists	38.3
Food Service Supervisors	38.3
Health Care – Home Care Aides	41.9
Health Care – Nurse Aides	40.2
Health Care – Special Care/Health Care Aides	41.2
Health Educators	41.2
Health Records Administrators	44.2
Health Records Technicians	39.2
Health Service Managers	45.0
Nursing – Critical Care	38.7
Nursing – Dialysis	42.5
Nursing – Emergency Room	40.4

Occupation	Weighted Average Age
Nursing – General Duty Nurse	40.8
Nursing – Graduate Nurses	36.3
Nursing – Licensed Practical Nurses	42.4
Nursing – Licensed Practical Nurses – OR	44.3
Nursing – Occupational Health Nurses	43.5
Nursing – OR Nurses (with training)	43.4
Nursing – OR Nurses (without training)	43.9
Nursing – Primary Care Nurses	42.9
Nursing – Psychiatric Nurses	40.8
Nursing – Psychiatric Nurses (Not Registered)	25.0
Nursing – Public Health Nurses	40.1
Nutritionists and Dieticians	37.1
Pharmacists	39.2
Pharmacy Technicians	30.5
Psychologists	42.9
Public Health Inspectors	37.5
Rehabilitation – Chiropodists/Podiatrists	39.2
Rehabilitation – Exercise Therapists	28.6
Rehabilitation – Occupational Therapists	33.2
Rehabilitation – Occupational Therapist Assistants	38.7
Rehabilitation – Physical Therapists	35.6
Rehabilitation – Physiotherapist Assistants	39.4
Rehabilitation – Prosthetists and Orthotists	45.0
Rehabilitation – Recreation Technologists	38.5
Rehabilitation – Recreation Therapists	36.5
Rehabilitation – Respiratory Therapists	32.5
Rehabilitation – Speech-Language Pathologists	35.9
Social Service Workers	36.9
Social Workers	42.4

17.Table 5: Total Employment

	Current		
	FTEs	Persons	
Districts (21)	18,863	25,249	Estimate for 3 years = 25,543
Affiliates (35)	2,234	2,856	Estimate for 3 years = 2,905

18. Table 6: Office Support/Administration

	Current		% Change Over 3 Years
	FTEs	Persons	
Unit Clerks (D-12)	285	425	11.1% *
Unit Clerks (A-32)	8	8	75.0%
Clerical Support (D-21)	688	1008	NC
Clerical Support (A-25)	26	34	12.3%
HR Staff (D-18)	99	117	9.2%
HR Staff (A-5)	4	5	20%
IT Staff (D-14)	90	96	80%
IT Staff (A-0)	–	–	N/A
Others (D-6)	29	30	N/A
Others (A-20)	25	29	NC

*Almost all of the increase is attributable to Saskatoon H.D static demand elsewhere.

19. Table 7: Food and Nutrition

	Current		% Change Over 3 Years
	FTEs	Persons	
Dietary Aides (D-21)	596	1058	NC
Dietary Aides (A-33)*	210	318	4.3%
Food Services (D-19)	292	444	-0.01%
Food Services (A-33)	101	116	4.8%
Supervisors (D-12)	45	48	NC

* There is a large increase projected for persons but not FTEs. Must reflect part-time employment.

20.Table 8: Maintenance*

	Current		% Change Over 3 Years
	FTEs	Persons	
Electricians (D-5)	21	23	NC
Electricians (A-2)	1.4	2	NC
Supervisors (D-8)	20	20	NC
Supervisors (A-11)	9	10	NC
Other (D-21) *	289	369	NC
Other (A-7)	39	58	NC

* Districts use different terminology for positions under this classification.

21.Table 9: Housekeeping Services

	Current		% Change Over 3 Years
	FTEs	Persons	
Laundry Staff (D-21)	284	432	-4.0%
Laundry Staff (A-32)	82	108	7.6%
Housekeeping (D-21)	877	1293	-0.1%
Housekeeping (A-33)	162	249	-0.2%
Supervisors (D-14)	31	43	NC
Supervisors (A-16)	12	13	NC

22.Table 10: Other

	Current		% Change Over 3 Years
	FTEs	Persons	
Community Health (D-7)	104	206	10.3%

23.Table 11: Districts – Total Employment

	Current		Estimate in 3 Years	
	FTEs	**Persons**	**FTEs**	**Persons**
Gabriel Springs	96.12	184		
Pasquai	368.23	–	325	–
Mamawetan/Churchill River	136.84	314	150	350
Pipestone	496	–	500	–
Rolling Hills	–	252	–	252
Midwest	428.76	712	405	675
Battlefords	814.9	1,420	835	1,450
Saskatoon	5,046.46	8,051	Under Review	
Parkland	109.33	198	–	–
Prince Albert	1,039	1,700	1,039	1,700
North East	310	560	300	530
Touchwood Qu'Appelle	158.8	330	–	–
North Central	375	563	375	563
Swift Current	536.98	–	–	–
Northwest	231	308	240	–
North Valley	361	631	340	600
Moose Mountain	233	520	250	550
Green Head	275	–	290	–
Regina	6800	–	7000	–
Central Plains	466	–	460	–
Southwest	330	560	–	–

24. Table 12: Districts

	Current		Estimate in 3 Years	
	FTEs	Persons	FTEs	Persons
Office Support and Administration				
Unit Clerks	295	495	325	473
Clerical Support	687	1008	448	618
Human Resources Staff	102	117	99	116
Other	28	38	12	15
Category Total	**1112**	**1658**	**884**	**1222**
Food and Nutrition				
Dietary Aids	595	1059	361	455
Food Services Staff	312	434	194	295
Supervisors	45	48	24	27
Other	36	60	18	18
Category Totals	**988**	**1601**	**597**	**795**
Note: 3-Year figures are skewed by Saskatoon logistical review.				
Housekeeping				
Laundry Staff	204	432	135	135
Housekeeping Staff	880	1203	606	810
Supervisors	30	42	23	30
Category Totals	**1114**	**1677**	**764**	**975**
Maintenance				
Maintenance 1 and 2	13	23	13	23
General Maintenance	54	82	46	45
Maintenance Mechanics	53	72	47	57
Supervisors	20	20	16	16
Engineers	107	125	82	90
Electricians	85	103	60	108
Plumbers	5	5	5	5
Category Total	**337**	**430**	**269**	**344**
Others				
Community Health	104	206	53	41
Other Positions	80	115	44	49
Category Totals	**184**	**321**	**97**	**90**

25.Table 13: Affiliates – Total Employment

	Current		Estimate in 3 Years	
	FTEs	**Persons**	**FTEs**	**Persons**
Mennonite Homes, Gabriel Springs	77		77	
Extendicare Elmview	43.3	41	50.93	48
Extendicare Moose Jaw	83.098	–	93.398	–
Extendicare Sunset	114.436	–	126.36	–
Extendicare Parkside	152.61	–	160	–
Extendicare Preston	46.64	–	–	–
Border Line Housing	34.34	–	42.79	–
Lumsden Heritage	34.95	–	46.01	–
Villa Pascal	24.22	–	25.22	–
St. Joseph Hospital (Keewatin)	30	–	30-35	–
Lakeview Pioneer Village	43.74	63	44	69
St. Joseph's Gravelbourg	13.71	20	17.61	27
Regina Lutheran	88	120	90	120
St. Paul Lutheran	122.38	185	122.38	125
Santa Maria	145	245	160	280
Spruce Manor	25		26	
Stensrud Lodge	71.53		75	
Porteous Lodge	100	–	–	–
Bethany Pioneer	26.93	42	–	–
Circle Drive	52.8			
St. Joseph's Health Centre	30		30	
St. Ann's	65	110		
Regina Pioneer Village	427	632	427	632
Radville	56	60		
St. Joseph's Saskatoon	55.73	60		
Saskatoon Convalescent	52.56	96	53	–
Foyer St. Joseph (Rolling Hills)	25.6		26.6	
La Loche	24.28		33.63	
Central Haven	39	72		
Mont St. Joseph Home	103.34		113	
Fort Qu'Appelle Indian Head not reported. St. Paul's Hospital – no report. Lutheran Sunset – information unavailable.				

26. Table 14: Affiliates

	Current		Estimate in 3 Years	
	FTEs	Persons	FTEs	Persons
Office Support and Administration				
Unit Clerks	8	8	11.43	14
Clerical Support	25	34	26.78	34.25
Human Resources Staff	4.35	5	5.35	6
Information Technology	.38	1	1.38	2
Other	24.49	31	19	23
Category Total	**63.703**	**78.75**	**63.12**	**69.25**
Food and Nutrition				
Food Services Staff	99.86	115	86.2	95
Dietary Aids	210.74	316	162.14	245.68
Food/Nutrition Supervisors	18.231	20	15.72	16
Category Total	**328.511**	**451**	**37.06**	**356.68**
Housekeeping				
Housekeeping Staff	153.56	237.2	125.25	166
Laundry Staff	77.76	103	62.98	79
Supervisors	10.18	12	5.48	8
Other (respondents chose to include janitorial staff as housekeeping)	10.72			
Category Totals	**252.39**	**352.2**	**193.71**	**253**
Maintenance				
Electrician	2.8	4	3	4
Supervisor	7.74	10	6.19	10
Other (Maintenance I & II, Caretaker)	35.81	55	45.64	54
Others				
Head Nurses	2.8	4	2.8	4
RNs	68.94	102.5	68.56	87
Special Care Aides	268	331	299	299
LPNs	11.7	15	22.5	28
Physiotherapists	1.23	2	3.63	5
Care Director	.5		.75	
Social Worker	.5	1	1.75	1
Physiotherapy Aide	.24	1	.5	1
DOCs	1	2	2	2
Ambulance Aides	2.8	3	2.8	3
Activity/recreation staff	27.29	21.5	22.59	28

The following chart is based on information garnered in the course of the interview sessions. It is not in all cases a comprehensive list. Readers should refer to the calendars, program guides and handbooks produced by the training institutions for current and complete information. There are also several training programs targeted to the health sector offered by private institutions which were not part of this study.

27. Table 15: List of Programs Offered by Public Institutions

Program	Student Seats (Graduates/Year)	Course Length
Registered/Psychiatric Nursing	180 (First year enrolment for 99/00 is 260)	4 years
Licensed Practical Nursing	128	45 weeks
Special/Home Care Aide	205	13-40 weeks
Physical Therapy	30	3 years
Pharmacy	80 (going to 75)	5 years
Nutrition	25 (going to 20)	5 years
Medical Records	10	30 hours
Medical Terminology	10	30 hours
Rehab and Youth Care Worker	15	32 weeks
Upgrade Diploma RNs	200	2 years part-time modules
Indian Environment Health (Health Inspectors)	9	4 years
Indian Health Studies	10	2 years
Rehab Practitioner	57	2 years
Early Childhood	30	2 years
EMT	50	8 weeks (varies)
Advanced EMT	12	

Note: Private Institutions were not surveyed.

28. Q. 2A Does your institution have plans to introduce new training programs in this area? [Record program and status (i.e., certain / considered / start date if applicable).]

"We will do a needs assessment. We have looked at the technical programs, but due to the high cost of these programs, it is not feasible at this time."

"Not now in the foreseeable future."

"At this point, no plans for new, but our plans are to expand existing ones."

"Within existing programs, yes to ensure relevancy as well as to reflect a heavier emphasis on preceptorship and the availability of positions."

"We have a committee which meets on a regular basis to examine what needs there might be for training and how we could provide it … done on an annual basis.

"We have been negotiating with SIAST for LPN … hoping for January … there are some other nursing classes as well."

"We are offering a new home/special care aide program with at least 100 active students."

"Always looking for new programs … there is a need for LPN training but it is still in discussion stages … would have to meet standard requirements."

"Probably two to three years to start a new program and four to five years before you actually graduate someone."

"Looking at a pre-nursing program in coordination with the University … aimed primarily at the Aboriginal student and designed to enhance their likelihood of success … still a proposal depending on funding, both for development and implementation."

29. Q. 3A Do you currently have plans to significantly alter or adjust any of your existing training programs in the health services area? [content, duration, etc.]

"We just broker credit training programs."

"Other than moving from a full-time to part-time program for Home Care, there is no change planned."

"No immediate plans, but we are flexible."

"Post diploma degree program will be eventually phased out."

"Masters program will be changed: it is ten years old and it is essential to update it to ensure it meets needs."

"Possibly look at advanced critical care nursing program, but have to wait for needs assessment."

30. Q. 4A What lead time does your organization require to develop a new training program in the health care service area?

"Probably two to three years to start a new program and four to five years before you actually graduate someone."

"A minimum of six to eight weeks, depending on resources available within the college and the ability to find an instructor."

"We start to plan for programs in December-January for fall introduction."

"Depends on the time it takes to broker the program from SIAST."

"Depends on the program – ranges from two years to six years -certificate programs would be less."

"At least three months to do research and advertising … depends also on what time of year."

"For existing programs, 8 weeks. If we have to develop a new program, probably six months."

31. Q. 5 What external factors influence your decision(s) to institute new programs or to alter existing programs?

"We engage in a regional needs assessment every year to gauge the need for positions by the industry and with the students to estimate their needs for training."

""Needs assessments and funding."

"Long term projections."

"Communications with Health Boards."

"Needs of the community."

"Feedback from the health districts."

"What's happening in other provinces."

"Industry demand and availability of resources."

"Demand for persons to fill jobs."

"What is the expectation on persons in the workplace?"

"Response from employers in the area."

32. Q. 6 What process, either formal or informal, is in place that allows for impact into these decisions by employers, employer associations or community associations?

"Work with employment equity co-ordinators of health districts to supply appropriate training coordination."

"It's an informal process brought about through personal contact."

"Probably informal."

"On an informal basis, we have co-ordinators who are constantly touching bases with various groups or organizations to seek their input."

"Fairly independent: examine what's out there."

"Formal program committees to provide input, made up of employees, professional groups, etc."

"We have informal contact with employers."

"We do regular contact with agencies because of student placement and preceptorship."

"We meet with industry reps on a regular basis."

"We have advisory committees and because of the employers' interviewing process on an annual basis, we obtain significant feedback."

"We sit on several needs assessment committees of other institutions."

33. Q. 7 And what formal or informal process is used to co-ordinate program offerings with the programs of other educational institutions or training centres?

"We have little contact with other colleges."

"I don't have a good handle on what our Regional Colleges are doing and that is a bit of a weakness."

"Protocol in place which governs how we relate to the University and SIAST."

"We have had growing pains, but we have regular meetings with SIAST through joint committees. We have a formal relationship with the Indian Federated College and a liaison committee with the Health District."

"Work closely with the colleges."

"Share (curriculum) resources with western provinces."

"We partner with other community colleges."

"On a province-wide basis, there isn't one (coordination process) other than SIAST."

34. Q. 8 Has your institution developed or have plans to develop health training programs and/or curriculum specifically for the Aboriginal community?

"No, we really don't develop programs for anyone … we have a low Aboriginal population."

"We try. For example, we tried to get joint funding for LPN courses with the North Battleford Tribal Council."

"All of it is."

"We have a rehabilitation worker program."

"Not separate programs but both of our programs have two spots designed."

"We have one Indian reserve in our region and work at offering upgrading programs, because most don't meet the academic entrance requirement for training programs. We also reserve seats in programs like the LPN course up until the registration deadline for members of minority groups."

"We don't develop a lot of our own curriculum as we don't for any group. We have, however, worked with various Indian bands in our region to assist them in meeting their needs, however, I am not aware of health-specific requests."

"I think what we do for the Aboriginal community is tailor existing programs to meet the needs of that community."

"We have met for over a year with SIFC and SIAST to establish an Aboriginal nursing program specific to Aboriginals, but nothing formal yet."

"We are working through a rural career planning program which, in some areas, is primarily Aboriginal students."

"In terms of specific Native programs, no … we make seats available based on community representation and demand."

"SIAST is very inflexible and our programs basically have to be add-on features to SIAST courses … feel that there is a lot of turf protection and because of lack of funding, it is impossible for us to develop our own programming."

"Health Inspection (9 Aboriginal students)."

"Indian Health Study (2-year program, approximately 10 enrolled) … plan to increase number up to 40."

"Have Native Access to our nursing program funded by the federal government. (has) existed for over ten years."

"We are involved with a Native Access to Health Care Committee."

35. Respondent List – Post-Secondary Institutions Survey

- Doreen Dubriel, Prairie West Regional College
- Lois Winkel, Carlton Trail Regional College
- Dean Brown, College of Nursing, University of Saskatchewan
- Candice Wasacase, and Roger Schindelka, Saskatchewan Indian Institute of Technologies
- Geordy McCaffrey, Dumont Technical Institute
- Dr. Noreldon, Saskatchewan Indian Federated College
- Alice Wainright Stewart, Lakeland College
- Connie Brown, Parkland Regional College
- Sherry Janson, Southeast Regional College
- Shelley Miller, Northwest Regional College
- Karen Richards, Cypress Hills Regional College
- Gerlinde Sarkar, Grant Young, Diana Davidson Dick, Yvonne Warnes and Louise Frederick, Saskatchewan Institute of Applied Science and Technology
- Joy Solsten, Cumberland Regional College
- Dr. Linda Saveges, College of Pharmacy and Nutrition, University of Saskatchewan
- Dr. Linda Harrison, College of Physical Therapy, University of Saskatchewan

APPENDIX C - Validation Process - Focus Groups: Selected Quotes

Validation Process - Focus Groups: Selected Quotes

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Labour Force Growth, Recruitment and Retention

1. Research has indicated that overall employment growth in Saskatchewan's health sector is goiing to be quite slow. Would you agree or disagree? Why?

- *In our sector I think it's going to grow. The traditional institutions, health care services aren't equipped to deal with the aboriginal community. The only way that this is going to work is for aboriginal organizations deliver programs directly to the aboriginal community. They have access to the community; we're a part of the community.*
- *We may not have new jobs but we sure don't have any replacement people.*
- *I think it's a growth list that's straight up because if you look at number one the ageing of the health work force and then couple that with what are the health needs that occur - that are number one unmet and need to be met, and secondly of an ageing population and a changing population I think it's a straight line up.*
- *We've gone through so many years of cutbacks that they've gone too bare bones, so we might actually see some increases, but even in the lower skilled jobs - dietary aides, etc.*
- *There could be growth rates in some sectors of health care and not others, depending on where they decide to make priorities.*
- *If you look at the population growth in the aboriginal community and what's projected and also a growing involvement of where we're going to with self-government and there's obviously growth and there's nothing but growth.*
- *We're transferring a number of health services to First Nation communities and we're finding it very challenging and demanding to find qualified skills for the positions. Our employment opportunities have risen substantially over the last six, seven years. And I think that it will continue to grow.*
- *Well, certainly nursing is a real area where there is a shortage. I think that's a national issue, its not just Saskatchewan. And then there are special needs, and there's no specialist out there, physiotherapists and nutritionists.*
- *We hear about a lot of positions that are available, but when we actually look at those positions, most of them are casual or part-time. There are very few full-time positions available. We are looking at people having to support families; they're going to go where the full-time employment is. I think for any health district to say well we have 12 vacancies for nurses is extremely misleading because they won't necessarily be full time vacancies.*
- *In Regina the tribal council signed a partnership agreement with the province and the idea behind that was to find employment and training for the aboriginal. Since then we have looked at the work place audits and distance in the province. If SAHO implements their aboriginal employment policies, there's a lot of opportunity for First Nations/Metis.*
- *Our funding is not going to increase, and the programming isn't going to increase in the short-term. There might even be no growth unless there are budget improvements*
- *Unless there are some fairly dramatic changes in the identification of service delivery you're going to see facilities closing if the current government direction to well not a lot of deficits is going to be enforced. Right now we've got services that are being mandated by the user*

group as opposed to the provider group and until that changes, there's going to be more and more pressure on the dollars that we do have available and it's going to be for the provision of service, not for staff models.

- *There are certain segments such as nursing that have the potential to increase quite simply because the government saw that as important and had another 200 person years.*
- *We can help because we have a labour force that's ageing. I think the average age right now for nurses is 43 years of age. A lot of them are the higher end of that so as they move on and retire there's going to be some openings certainly. ,*
- *Within our Tribal Council any new growth in personnel would depend on any new program that's announced and most recently it's the Aboriginal Head Start Program. But prior to that, I don't know other new programs where we would see an increase in funding.*

2. Where, if any, do you see opportunities for employment? Why?

- *We have to assume first of all that there will be more money put into the health system. They have other internal things that need to be taken care of such as the casual systems for employment, retention strategies, things that will have to be worked out before you can even consider it a growth opportunity for aboriginal people. In remote communities you have to think about how to offer training programs to more rural and isolated communities for aboriginal people because they want to stay there and they're not going to move.*
- *In the north, there's a real lack of teachers to teach math and science. When you think about nursing, you need to have your math and your sciences to even get into a nursing program. Well they don't have those courses and they have to go back and get them. Part of it is in the K-12 system - it's getting more work in career development in the K-12 system. There needs to be a pre-employment strategy on how to get those people trained and up to par so that they can at least get into those training programs and move into a position. So there's got to be a whole strategy before we can say there's a growth opportunity for aboriginal people.*
- *Community Care. People want to be cared for in their own community, they want to be cared for in their own homes.*
- *Money has become tighter and there has been a push to move the responsibility down one step. Not that long ago we did not have any LPN's, but you got a $9.00 gap in wages between an LPN and an RN. So they're saying now okay the RN can do all these things and an LPN can do some of these. So there's a real push to move things down to a lower rate of pay.*
- *One of the biggest issues for First Nations is the diabetes. In terms of training, diabetes has to be looked at. The training we're going to need a lot of people and expertise to work at the community level, at the reserve level, providing education. We're going to need diabetes prevention.*
- *We've been discussing is setting up a graduate or a nursing degree program. The idea is to set it up with the Indian Teacher Education Program. We should model the training program after the Indian Teacher Education Program. They need prerequisites for the university programs; you can do them right there in the training programs. One of the things that have happened with aboriginal students, is they drop a lot of the sciences. And as a result we lose out on a lot of training programs because they're not eligible. They lose*

credits at the high school level which they need up for the university training.

- *We just very recently hired two mental health therapists for the Yorkton Tribal Council Partnership, with the health district.*
- *Nursing, LPN's, Special Care Aides as well we are facing a big shortage of Special Care Aides, Home Care Aides,*
- *I don't think there's a lack of positions; I think it's a lack of people.*
- *If a person has to work in seven different communities to get a full-time position, maybe they will look at training in some other field. That's a reality that's out there.*
- *We've had some difficulty in terms of recruiting therapists and nurses and besides offering bonuses to them, to attract people, we need to bring some people back in the work force as well and offer them refresher courses and that sort of thing.*
- *One of the Special Care Aides. The only way you can really remedy the shortage is to get some of our in-house programs to train people in the community. Because maybe those people aren't as mobile as the other ones are, and if we can drum up some affordable training programs for Home Care Aides and Special Care Aides.*

3. What occupations, if any, do you think will experience growth? What occupations, if any, do you think will experience decline?

- *A significant change is going to be in information technology. I think we're going to see Canadian wide systems before long. Employers will need people who can take data and turn it into useable information. And that for the skills that the people have is going to need to change rapidly.*
- *Mental health field, social work and therapists.*
- *What we have to do is we have to go after quality training.*
- *There's a shortage of nurses. We try and employ First Nations nurses that are knowledgeable and are able to speak the same language as our clients. We've been fortunate most of our, Home Care Nurses are of the First Nations ancestry.*
- *I think we all have positions that are identified as existing positions that we have difficulty recruiting for. If you're looking at areas that you believe you'll be seeing growth in which is a little bit different than trying to identify existing recruitment of problems, they're seems to be an effort from the provincial level anyway to push the reduction of the level of long-term care service that's been provided and move people back into the community. There would be a greater reliance on Home Care services. It increases the problems when you see shortages of Special Care Aides. Our district is not too bad for Special Care Aides right now. We happen to have a, community college that trains local people and they tend to want to stay there, so we're in pretty good shape in that respect, but as time goes on and as the increased demand for those services comes along, we are going to find ourselves in some difficult times. We can't get the people through fast enough.*

4. What do you think are the major issues in health care in terms of recruiting and retaining employees? Why?

- *The whole issue of seniority. How do you move people into actual nursing positions in this* *province when you have a whole system of seniority? There are a lot of people with seniority and you don't have a lot of places to move them unless you want to start them out as casual and work part-time. We're training them, we're spending all this money to train them, and ship them down to the states. If we're going to train them, then we have to make the work force acceptable to aboriginal people.*

- *What we're finding is that if people need to address the quality of the practice environment. We're finding people are coming in and then they're leaving because they don't feel that they're prepared well enough. They don't have the supports they need there well enough, and so there are a lot of issues.*
- *I think there's a problem with recruitment in terms of having a representative work force. That that's a real issue and there's a problem with recruitment. We're not being sophisticated enough to make sure that we're getting people who are really matched to that particular health field*
- *Far too many part-time jobs or casual jobs.*
- *And we're presently recruiting from South Africa, because we were unable to find any in Canada that.*
- *We had a nurse who just after being away I forget 15 or 20 years went through the re-entry program, came back to work, was really excited, went to a surgical unit. After she had worked 4 twelve-hour shifts, they needed her to work a fifth, and then they needed her to work the 6th, then the 7th. She said 'I'm too old and I can't handle working seven 12-hour shifts in a row'.*
- *The other problem that was recruitment and retention for a number of positions is that there are positions that can work either in the private sector or the health care sector. There are two issues: Number 1 - the wages are significantly less than what they made in the private sector and Number 2 - in the private sector people oftentimes have much more control over that time that they can spend with the family. So there's that competition that is there throughout for a number of positions in that system.*
- *Depending on how far north you are. Access to services and isolation. You want to be close to banking and shopping, and things that you can do for the school.*
- *Racism - that is an issue. I've had friends that have gone into the hospitals, a nurse's aid and the comments that are made and that just drives them out. And it is very difficult. You feel as if you're always defensive, a lot of good people have left jobs, they cannot handle the battle and they just quit.*
- *I think one of the issues is finding appropriate housing. If we bring people in, where are they going to stay? And it sounds like a minor issue but it certainly comes to the front. The whole rural-urban issue is a concern in our district. It's difficult to recruit. We're borderline on the urban-rural, so it is difficult to recruit.*
- *SUN suggested that we create full-time float positions to address some of the shortages we've seen in acute care, for example. We surveyed our staff to determine that about 95% of them thought the float positions were a wonderful idea, and of the 60 or 70 RN's that responded, not one of them indicated that they'd be interested in taking one of those positions. When we took those results back to SUN, they were in agreement with their expectation; we wanted the position anyway, even though we had a great number of their numbers tell us that they weren't interested. There is an opportunity where we're essentially addressing what they had identified as a solution and yet not able to go ahead and utilise*

that capability for attracting people, and you can only be creative to a certain extent with offering casual work.

- *The process works if you get the people bidding the casual positions that are the second income earners. And that - when it becomes a problem is when you're trying to attract somebody right out of school and they're the primary breadwinners and you're offering them a quarter time position.*
- *When we're talking about people working part-time positions, we have many people in our health district that are quite happy working part-time. So you have two ends on the continuum that are striving to make full-time positions to make them attractive. But yet there's this group of people and justifiably so, that are very happy working their two days a week or those three days a week and that's all they really want.*
- *The Health sector is one of the few industries that I feel as a private sector, I think it's skills, experience, that allows promotion so I think to me it's a social - a labour social issue. It's something the unions consider extremely important and it's usually something that organizations in management at the board level are concerned about because if seniority allows progression, then it quite often leads to sub-cultures and cultures that sometimes aren't all the best for your organisation.*
- *One of the other things that - in terms of keeping staff, is looking at providing them a safer, better working environment and increasing their benefits so that it offsets what they may not be the salary when you compare it to other agencies.*

5. How do you think these issues can be addressed? Why?

- *There's got to be some long-range commitments in budgeting and there's got to be some long range planning on how you're going to retain these people.*
- *There's going to have to be something done in our districts with regards to having the environment, aboriginal sensitivity, the education of the existing people in the work force. There has to be some support mechanisms.*
- *Saskatoon Health District has an aboriginal initiative program but the unions aren't involved*
- *We're talking about representative work force where we need to start doing hiring. Let's get some aboriginal people in there in the top jobs and then you can see a few different things happening about the philosophy and who, and how things are dealt with, how situations, especially racism issues are handled in the work place.*
- *One of the things in the health care system is continuous changing of qualifications and the job duties and the descriptions make it really a barrier for someone who is actually going to be trying to go for the training to get the thing to get through and it's all changed.*
- *The problem with this recruitment and retaining is the recruitment procedures themselves. Obviously I mean you go through this document and the employer is talking about well there's no aboriginal in this area. So, we don't have a problem there, you know when you're up north and they got 80% non-aboriginal with the 90% demographics up there, then where do those people come from? How did they recruit them?*
- *I'm in favour of work-study programs. We get people doing the training, get them off and get them in the work place and they can actually see if that's the area that they want to go into.*

- *There has to be some kind of cross-cultural activities and orientation of people to our communities. We have to inform them how this - we even think differently. We think differently in terms of time and in terms of the way we dress and in terms of the way we look at things.*
- *I come from Northern Saskatchewan - Cumberland House and I hardly spoke any English. So every time I went and looked for a job or went to the hospital I had trouble communicating with people that were serving me. We have to respect cultural differences. So if you've got a high population of Cree people coming in from Cumberland House to Nipawin and think services should be provided in that language, because everybody still speaks Cree at Cumberland.*
- *But again you know it affects right from the top, like our government is not open to First Nations issues. And I think that came out very strong here in the last budget when they had to start paying taxes and never consulted us. Never consulted First Nation's people.*

6. Rural and Northern health districts often have a more difficult time recruiting employees than urban centres. Is this an issue, and if so, what do you think these districts can do to address this?

- *A lot of times northerners don't want to go down to the south to big cities to train. It's out of their environment and it's just not comfortable with it. There's enough there that they can have the training right there in the northern colleges and that and just have them trained there. And then recruit them to work in the communities instead of spending all our money recruiting or bringing the whites up into the north. And there's lots - every level of job that you can think of can be handled with people in the north that need work - need year round work.*
- *I think one of the profound things that was in that report was that people where ever they go to get trained is where they stay to get employed. And that's what needs to be done I think. Move these educators into the community. When you have those courses out at the rural college, regional colleges. We've been finding is the employers have some real work to do in these areas students go out into those areas, they can't find anywhere to live.*
- *There needs to be enough of a peer group that there's that support that can be maintained so people will stay in the communities. I know that a lot of the literature will show that if you don't have groups of at least five practitioners, that your on-call 24-7 all that kind of. And especially when you're hiring aboriginal people, you need to send groups, so they can get support you know from one another.*
- *Education is another component that is sort of lacking. There is very little. They want the people to go off and kind of do it on their own and maybe a leave of absence or something but there's nothing else there to assist in that. In the northern communities it's going to be that much more important to be able to have a focus on that too. Loyalty works both ways. People that feel that there's a loyalty being demonstrated; it really sounds artsy in our work climate, but I mean it really is something that can be promoted. If it is then it works the other way when people feel a lot more committed to the work place that they're in.*
- *There needs to be cross cultural training in the work places and that's not happening.*
- *I think in the northern areas, like three of our areas are fly in. We do have a lot of turnover.*

You have to have nurses that have experience. You can't just have someone that is new. So that's another issue. And the job is very difficult. We do have, because we're fly in incentives like signing on bonuses.

- *I have enough concern; I've probably mentioned it here. Is that I was recently at one of our northern communities and they have a beautiful health centre, brand new - just gorgeous - they have doctors coming in and then outside they have, they built a beautiful house and complex for all the nurses and whatnot. But what was very sad about it because I stayed in one is that you overlook the poverty. You just overlook these houses; you know they're just living in poverty. And I was doing a workshop up there and some of the community members said I just feel awful when I get up. And I look over there and here's all these people that are coming in and they're living in these beautiful places just totally serviced, and we're living in these shacks.*
- *I think the rural health districts problems are a little different than an urban one. There are less social indemnities to offer. In terms of recruiting and retention, a rural district cannot afford to compete, to pay the big bonuses that some of the urban areas are paid to recruit people. We feel money is better spent to find people that are in the district that have to renew or upgrade skills and invest money in training, that would give us a longer term return on that one, so that's kind of what we're.*
- *I think the urban-rural split is going to become more intense and quite simply the bureaucrats have stated that reorganisation is a good thing. And I think we all know there's a movement to centralise services more. There's going to be a national conference that takes place in May 4, 5. There will be a presentation made by Saskatoon and Regina on something called provincialization where both Saskatoon and Regina will even take a larger role than tertiary type treatments. The amalgamation is also indicative of the split between the smaller centres.*
- *I think the idea of basically convincing people to come back in is a real short-term fix because you're getting generally thinking of older employees back in, they may have maybe 5 years at the maximum if you're looking at somebody that's been out of the work force for whatever reason.*
- *There are all kinds of things that are going on. Home Care and Special Care Aides are really needed. The Saskatoon Health District is working with one of the long-term care homes just to train some people in that area even though the training isn't going to be recognised, they still have to need people, so they're doing whatever they can. One of the things our district is looking at is getting the aboriginal community, the training for the Metis and the First Nations and getting a group of people together and training them all at the same time.*
- *We basically trained 14 students, partly with Kelsey, but we've hired our own instructor and we're doing it at minimal cost. Employees buy the books and we pay the tuition and registration, which is only $325.00 per student. And then we pay the instructor for the one-day a week that she works with her class. And it's working out very well. We're going to have our own people.*

Work Patterns

7. Research indicates that there is a trend from casual to part-time then on to full-time employment. Occupations that are moving in this direction include office administration, nursing, food services, housekeeping, and maintenance. Would you agree or disagree? Why or why not?

- *When it comes to the casual labour, it's not just health care. So how do casual people get hired in the casual positions? Different health districts, they have a casual position and they have to fill it immediately. They don't have any time, turnaround time to talk to people and see how to fill this. So what we do is we go to our residents and we pick through our resumes and we find somebody that is qualified. Now they're casual, right from casual to part-time, to permanent part-time, permanent full-time and that's the way it goes. And once you've got your foot in the door, then they've got the union.*
- *What would happen if you took all the casual jobs in each health district and roll them. Look at how many hours they expect in casual it is going to be probably for the most part fairly consistent. You're going to have some variances in there, but if you look at it, we'll classify years. You can probably come with a base line of hours that never changes. Take that base line and create full-time positions out of that baseline and it gives us access to those positions.*
- *You've got to put more money into the health system. And that's one of the issues and currently that's why the health system works that way because they don't have the money. It's the same reason why residents do so much work because nobody wants to change it because then they have to make massive, massive injections into the health budgets and we don't have the impetus from the government. We've seen that in the last federal budget where it's not a huge amount of money that was put in the health system. And so until we get some money injected into that, I think you're right on the money that that's what we should be doing*
- *There are shortages everywhere even Home Health Aides, and Special Care Aides,*
- *There are some technologists that you'd never find a casual in because you can't find anybody to fill the positions at all.*
- *When we didn't have a nursing shortage as much as we do which was only a year and a half ago, one in twenty nurses had at least three jobs, one in five had at least two.*
- *I think within the provincial health system it's just cut and dried and it's all based on the dollar. I know when I'm hiring people for Home Care on reserve you look at the employee's needs as well. If you have someone with you know a single parent or somebody who needs a full-time income, well then you kind of adjust you stuff to fit their needs also. I would never say to somebody I can't hire you because you have this many dollars and you can only work part-time, I just would never do that to someone.*
- *Casual positions were never posted before. In the last year we post all of our casual positions for 24 hours or 28 hours, that means that there's just a tremendous amount of movement within the staff that are working. We have people that are working casually in three different places sometimes four, so they're working full-time hours actually, but they're*

casual.

- *Most recently our agreement with SUN for example and this area, we've had a district wide seniority rather than a facility-based seniority has created a tremendous amount of movement and because previously of course casual and temporary positions were only posted within the facilities as opposed to the district. So now you've got tremendous movement. I mean we've only got five facilities in our district and it's small geographically, but still we've got a huge amount of movement within there.*

8. Are there positions or occupations that would be more suited to full-time and is the objective to move to full-time positions within the workforce? What evidence is there to demonstrate that this is happening?

- *I don't think so. They don't have casual people to fill the positions, so it can cover off. They have got all the full-time positions, they don't want anymore, so desperate and the reason is they can't open up these beds for people is because they don't have casual positions to come and do that. Well the only thing I can think of is they don't have the money for it.*
- *No, not at this point. I probably get messages a couple times a month on my answering machine from people at hospital, would you like to work some casual on the weekends? But when you call and talk to staff, they'll say they're not hiring full-time, they're just looking for people to fill in the holes and as long as they have a warm body, that's all that they care about.*
- *We've had that issue on the multi-site concept. SUN's reaction was yes it's something that has to be negotiated with us. If the employer is contemplating creating full-time employment between two communities that are reasonable to commute to, they're saying well you must negotiate it with. You have to establish your home base. The home base may be in Tisdale, but when I drive down the road to work the rest of my full-time position, they're going to pay my mileage to get me to and from work, - we've got dieticians and physiotherapists who have district wide responsibilities. We assume certain parts of transportation expenses, but we don't pay people to go to work and to come home from work. Again I haven't seen the co-operation that's required with that concept. The collective addresses the issue of predicting absences and creating permanent positions and that's a wonderful concept.*

Education & Training

9. Do you think current health care training is meeting the needs of the health care system? Why or why not?

- *Well obviously not or we wouldn't have such a shortage of professionals. There is a need to move to a technology base, if you can do that. They have empty rooms all over these hospitals - couldn't you turn those into training centres, bringing the technology, training the people right there, maybe they'd take classes in the morning - in the afternoon they're* *out on the ward learning practical experience.*

- *The government through post-secondary has come up with a number of programs that they're throwing money into, short-term solutions to long-term programs. I'm talking the aboriginal programs that lead to employment. Some of those programs where you have people that have grade 9 education, and they run a six-week program now you're going to be ready to enter the work force. Well you're not. So I think we need to look at that and how those programs are run. Let's take those resources an start an apprenticeship program.*
- *I think there are several keys to this. We do need something specific to aboriginal issues in terms of the industry. We need to look at distance education. Maybe some education in the remote areas and then coming for practical, we have to do it in a hospital setting. There would have to be some sort of travelling and practicum work; that wouldn't be such an issue just for shorter periods of time. That wouldn't be quite so traumatic as moving the entire courses to these places. It's just a matter of getting it organised and getting a strategy that people can agree upon, bringing the money together, the training plan and you lay it out. There are enough people in this province who have the understanding and the knowledge of how to do that. But I think that there has to be some flexibility from the unions and the employers and some money put into the whole system so that these jobs will be available to these people when we get them employed. Or train for the employment.*
- *How do you know what you're going to need for training if you don't know the consistent application to do your training?*
- *For technologists and LPN's and the information systems people, I think there have been some radical changes in the training requirements for them. For some of them it even came from the professional associations. It has to meet the need and who is determining what that need is.*
- *To me the real issue is there's not a value of continuing education and the need for ongoing education. I mean the world of the health environment is changing everyday and yet you look at the number of people given the staffing situations that can get away form work to participate in continuing education There is a need to support people at both those levels the basic and continuing.*
- *It might be meeting the needs of the industry, but it's not meeting the needs of the First Nations people. They're not looking at all the population in the province. The current nursing education training stats; they make an attempt at cross-cultural education, it's really just a token; it's not useful information.*
- *In some areas we're over trained.*
- *It would be my view that the training for a Special Care Aide or Home Care would have to have a higher skill level than a Home Care worker doing long-term care.*
- *The bottom line is we're offering casual positions, but expect somebody to move to Saskatoon, P.A. or Regina for at least a year, to take that training, and as we mentioned before, most of the people we're looking at hiring they're not the primary wage earners in the family. So if you can offer that LPN course in Spiritwood or in Meadow Lake, then it doesn't become an issue about moving to Saskatoon for six months.*

10. What training programs or courses do you think should be offered in Saskatchewan that is not already? Why or why not?

- *There are cultural awareness programs out there that they're doing in these hospitals. I know that there are some workshops to make the work place more accessible.*
- *What's really lacking in the educational field it's not programs or occupations so much as we need to get together and define what are some core competencies that everybody needs to have. We've talked about the whole issue of the need for cross-cultural training. There are some core competencies that anyone who works in the health field needs to have.*
- *Biomedical engineering. I think NAIT offers a course in it. It's such specialised equipment, everybody sends out for trading with the manufactures and it's a huge cost and the minute they're trained, they're gone.*
- *The health and safety training for those who need it or you know. Physical self-protection violence in the workplace.*
- *I would like to see is diabetes worker training, which is so important because diabetes is going to increase threefold. We need to go out there, we need dialysis people, we need somebody that can work with children in the schools. And we need to develop curriculum, and already that's happening with the Mohawk people in Montreal, a lot of this can happen with the First Nations. Currently we have diabetes educators; a nurse and a nutritionist, through Battleford' s Tribal Council. I think there are about 30 just completing training. Funding came through afterwards from the tribal council for nurses on reserve; it was done through the Canadian Diabetes Association.*
- *The therapies are training in Saskatoon.*
- *I'm not sure what's happening with the primary care nurse that's going to be a thing in the future. I'm not sure what's available or what we can do in recruiting for our needs.*

11. Do you think that existing education programs in Saskatchewan will produce enough graduates to meet the needs in Saskatchewan's health system? Why or why not?

- *I don't think so. Not at this point otherwise we wouldn't have shortages.*
- *We have to work on the school systems so we're graduating the first time around, instead of trying to do it as they're adults.*
- *I think that one of the issues is that the training health is very costly. The courses, funding for the students if they're single parents, and assisting students with living allowances. You could spend upwards of $20,000.00 on one student per year in a course for a year and a half, not just health but other courses too. And funding agencies, we don't have the money to train numbers of individuals that are needed just in the Health sector. We understand there are 400 positions that are going to be available in casual work in health system next year and we want to get people involved into accessing those employment funds. There's a real financial issue there. We don't have the money for it - and so we need funding partnerships between the industries, public institutions, the educational institutions, government and also the aboriginal institutions.*

- *Until we do some adequate health human resource planning, we don't know how many we need. And I'm concerned that we keep turning the tap on and off with regards to how the budgets get balanced each year and you're going to have trouble with a sustainable system when that's the policy.*
- *They need to get off the supply demand kind of a kick and get on to the needs based. They need to use the needs based approach and there are going to be times when you're educating people when it's hard to get jobs. There's always going to be some valleys and some peaks.*
- *We're changing the language in health care to make sure that needs aren't covered. We don't call them patients anymore or residents, we call them consumers and we call them clients and it's like they have choices, they don't have choices.*
- *I've got to disagree with you. Our goal of practice has to be about creating a time and as long as you use the nurse-patient or doctor-patient relationship, it's a dependency model.*
- *I think one other thing that we point to about this representative work force with regards to aboriginal people, what you talk about is, are the training programs there for them? I think there has to be some sort of proactively involvement with the educational institutions. How to get them, how to recruit them, how to bring them into these programs. Maybe moving the programs out to the communities where you have high aboriginal populations.*
- *I think the needs are different, it depends what you're talking about. If you're talking about First Nations or you're talking about Metis or you're talking about the general population - the needs are different. So you can't just generalise and say you know this applies to the province.*
- *I don't know who controls the number of people that get into the program, but it tends to be reciprocal. I mean as soon as you decide to reduce the number of people that get into the profession, then suddenly you run into a shortage, so then you bump the numbers up and soon there's an over demand, so then you cut them back.*
- *We have to go to New Zealand to get nurses when so many people are unemployed now in the province. Why don't we start with training and getting to the people that are in the schools right now, like the high school students in making sure they're aware of what happens. Health care is not doing enough attracting or promoting jobs that are available. When you go to the high schools, especially the aboriginal schools, they don't even think of health care as an employer of choice; they're just thinking they have to be a doctor or a nurse to work there. Health care has to do a little bit more about telling what jobs are there. Then doing something about making the training institutions accessible for our youth and that is happening provincially right now.*

12. How is the aging population affecting the health care system? What services are required as the population ages? Why type of training is needed to deal with this impact?

- *I don't think the effect is going to really hit us for probably another 20 years. The ones that make it through the first two years of retirement are usually in fairly good health, it's in the next 10 to 20 years where they start to have complications and they start relying on the health care system. We're not going to be equipped, are we going to take the entire community and put them into homes? And what's the cost associated with that? Are there* *things that we can do now maybe to alleviate some of the health care problems in the future and do some prevention versus intervention later on?*

- *We can't support the system we have now, so why can't we have community education, community health workers out there, maybe they don't take four years or six years of training. Maybe they need a one year course, maybe there needs to be another step in there of people who can be nursing assistants or something like that. Then they can continue to upgrade their education once they're in the job.*
- *The other thing that happens when you look at Home Care and that's going to become again an issue in the near future, it's an issue that I see now with our elders. Not only do I want to take care of my parents, but also I have to put my children through university at the same time. So I'm out there working and my wife is working and we're trying to make ends meet and we've got our parents at home. Now there's no support for us to be able to do that. The Home Care system says 'you make more than enough money so if you want Home Care to come in, we're going to charge you 75 to 100 dollars a day for Home Care services'. Well where am I going to get that money?*
- *The money has to be put in place right now. There is more than enough money the only thing is it's not being put where it should.*
- *I can only speak for my discipline again but I think we need more advance practice nurses that are specialised in gerontology. I think we need people who are increasingly sensitive to the needs of elderly people that we need to be able to pay more attention to that in terms of the community - what works in the community, what doesn't work in the community and you can't continually under fund Home Care. Part of the care and quality of health is the ability to have some contact that is meaningful between your health care provider and the client.*
- *Well speaking from where we are, there's a lot of diabetes in our community and there's aids and it's getting higher. So that's going to be an issue as well.*
- *What I see is a lot of stress on the elders. I see a lot of these elders living with their kids and they don't have their own accommodations, there's a lot of pressure and stress put on them when they have to rely on their families. I know in Cumberland we built an old folks home, but it didn't work. They moved in there for a while and then they all moved out.*
- *What they have to do is look at the national studies that have been done on First Nations people and get some statistics on some of the health problems. Cancer is another thing that is increasing. Another thing too is that a lot of these people who are really sick, they have to come to Nipawin, P.A., and face the stress of travelling hundreds of miles two times a week.*
- *Our long-term care facility is a 52-bed unit and there's 30 bed Alzheimer wing now and the other half is long-term care. So we've got Special Care, Home Care Services and long-term care services close at hand.*
- *Our Home Care services demands have doubled in the last four years.*

13. In what occupations would distance education and training be more effective? What type of distance education would be most effective?

- *There's no reason why they couldn't do the bulk of the classroom work in Distance Education.*
- *I think the other thing is there needs to be support over all for distance delivery for all the*

courses possible so that people can take them at home or in their place of work, whatever is possible. The nurse re-entry program you can complete almost all of it anywhere throughout the province. You only have to go into the cities or where ever for certain clinical experiences and that. The social work program in Regina is an excellent model for province wide delivery.

- *Prior learning assessment and recognition (PLAR), gives credit to what you know already. A person throughout their career will probably have five different careers or whatever. Well you want to be able to give maximum credit if you already know something, you can't afford to have to learn it, and you know you can demonstrate it again. So I think that's one area where education needs to be able to move ahead.*
- *There's always going to be somewhere you need the interaction. For instance, when you do the anti-racism training, you have to actually interact with people from a different culture and different race.*
- *As program coordinator for DTI for ten years, we built one institute and we found that our success rate for training done at the community level is very high. If you brought your kids to the city it's different. The success rate is not as good. So I really believe in community based training.*
- *When it comes to quality training, there's never enough money. You know, they segregated us from the general pot, you know as manpower. GDI used to have a really good training, like a quality training program for employment and I see so many of these programs now when they're training First Nations or Metis and they don't need their jobs. All they're doing is occupying their time. The only difference is they have student loans to pay for this time and they're worse off than when they started. If we're going to do a nursing training, we've got to make sure that there are jobs at the other end for these young people, or else we're misleading them.*
- *More internships are being done in the larger rural facilities. The EMT's from the north, a student actually coming in now are Special Care Aides.*
- *There's Internet, the Pathways courses, computerized training for upgrading, there's lots of technology out there that can meet different needs.*
- *We should be using the institutions. There are lots of good qualified people, there's no reason why we can't come up with a plan to get them in on this. They have got to start technology based training otherwise they're going to fall right out of the loop. Other universities with more foresight are going to jump in.*
- *One of the things traditionally in learning is that I think we all have different learning styles and there's often only been one method of delivery. That's where choice is really important, you have some people who will learn best through a computer, while some will learn best at a table like this.*
- *You shouldn't have your choices limited based on distance it should be set that within certain distance parameters there should be XY and Z available.*
- *Telehelp is extremely helpful and the Internet, that's the coming thing.*
- *Some programs limit deliverance; you know you could save yourself thousands of dollars. It's like the EMT training, I've got three paramedics that are fully qualified people who could teach in Coronach, Bengough, Radville, but the organization won't let them.*
- *Who's responsibility is it for the spending of the health care dollars or education dollars? It has to be a provincial initiative.*

- *If the districts take the initiative to actually provide training, we run the risk of falling into the same thing as what's happening right now with the bursaries; we're trying to outbid each other to recruit people. They recruit them and I'll train them then as soon as they hit the pavement they run into a roadblock. We're talking about Special Care Aides; right now SAHO says that SIAST accreditation is what's needed for Special Care Aides. This has to be consistent in the province, a recognized training program.*

14. There is concern that the tuition for training in certain occupations is cost prohibitive in light of the salaries for those positions. How do you think this can be addressed?

- *Well I think it's simple - reduce the cost of tuition. I mean you could do all kinds of different ways to do that. You get the students to buy in, instead of giving them massive student loans. I think some of the costs can be deferred to the student without giving them all of the costs for commission. And I think some of the costing can be covered by the institutions, and by public funding. The private industry has money and they should be taking part of the training too, especially where it's applicable.*
- *Let's get some more scholarships going, let's get some more bursaries, let's get the tuition costs down to the university, let's make it more accessible so it isn't so cost prohibitive by providing it in the community.*
- *The bursary system in Alberta or other sectors in Canada or North America gives a lot better ability for kids to get bursaries and those types of things to have tuition paid.*

Development of a Representative Workforce

15. What issues do you see around recruiting and retaining Aboriginal people into health care employment?

- *We've had our agreement for five years. They've had a good impact, but the retention level isn't there. If you look at the partnership agreements on a representative work force - Regina, Saskatoon, Prince Albert, Yorkton, the multi-party agreement; how many of the health districts that are out there are in agreements? Maybe governments are going to have to look at mandated legislature to deal with this. Not an equity program because I hate equity programs, but you might have to look at some model like the Representative Work Force Model - and start legislating people to be more proactive in hiring aboriginal people.*
- *We've never had access to jobs in the health care system. At this point even with partnership agreements, it's very limited. We need to change the laws and the rest of it when it comes to education. So in our community, they've never had access to jobs. At this point, there's not many real opportunities in the traditional health care system. We do have some health districts out there that are very sincere and we have an opportunity to work with some of them. This is right up to the board of directors, they are CEO's, they want aboriginal people in the work force and I think they're willing to do what it takes even to the*

point where they're willing to share resources to make this happen.

- *One of the solutions I think for retention as well in health sector and I think a lot of concerns for aboriginal people is to make available management and senior management positions for aboriginal people and to increase their representation on health boards. You have to have people in those positions, there has to be a will from these institutions to promote aboriginal people - based on merit.*
- *My thought is the marketing has to almost target the two year olds. We all have various levels of exposure to the health system in an ongoing basis. But often it's not marketed as an attractive place and that's where we as the providers and the workers in the system are sitting on a double edged sword because if we keep portraying the health environment externally as it is experienced internally, then people sometimes will say well why will I ever want to go there. The marketing needs to be very, very positive.*
- *I think that once you've got the program running there are things that we need. We're looking at the front end of it right now. But if you're looking at a program in the system like the representative workforce strategy you have to look at the evaluation and monitoring and having dispute mechanisms so when there are issues that come up along the way there has to be somewhere to go to get them resolved.*
- *The idea of hiring aboriginal co-ordinators; I think is a good idea. I think that's key, it's so critical because this person learns day in and day out with the administrators and so on. Now that's what I like about it, the representative work force strategy. We don't have the skilled aboriginal people for it in the health district, well how are you going to do it? Lots of training; I want to be hired because of my skills, these affirmative action programs, it promotes more racism.*
- *In some ways it's no different than any other recruitment. I mean we have to make the jobs and the careers look appealing and everything that is being publicized right now is going against that. Getting in and talking to the students, making the jobs sound appealing.*
- *If we're going to offer services to everyone in the health district, we should also have a labour pool that's reflective or a labour force that's reflective of the community.*
- *The other thing we're trying to do is have some service sessions with the existing staff in the hospital. Let them know more about culture and our way of life so that they're more understanding and acceptable of the First Nations people that ask for their services.*
- *I think the fact that a lot of the (I heard 60%) First Nations people now live in the city. So you know that's one factor to consider too. I guess the other thing is the local hospital we pay for what we call a hospital liaison worker who has an office right in the hospital and looks after the aboriginal clients that are admitted to the hospital. I think other hospitals do have that position in place.*
- *Somebody from the health district who is involved in the partnership agreement clearly with a mandate of records that are important for us, I have to tell you it's a little bit frustrating to be standing at the front door of the building with open arms looking for professions where we have the vacancies in technical jobs and that type of thing and not to have the applications from the aboriginal communities. Then furthermore to be subject to criticism, the health care is creating some variables - what I would encourage is that those people that have direct influence in aboriginal communities should be encouraging their people to train for professions.*

16. In terms of providing training to Aboriginal people, how do you think training providers and the Aboriginal community can work together to recruit Aboriginal people into health care training programs? How should health care employers work with Aboriginal groups and training providers to ensure a more representative workforce?

- *I don't think there is a concerted effort of co-operation between institutions, more of a competitive numbering at this point. It comes back to resources, if you were in an institution, or an organization like ours, the resources are limited. There's a want to share resources as long as it's not our resources and I'm not talking about our organizations, I'm talking all organizations are like that. We said that and I think it was in the study, when they run LPN, Home Care, Special Care - why aren't they using DTI to deliver these programs? But they don't. It will run through the college, it will run through SIAST but then they want aboriginal people in these programs. Well, if you want to have aboriginal people in the programs, then give them an organization to deliver the program and chances are you're going to have aboriginal people.*
- *The training providers I think have an absolute role to be providing appropriate content to the appropriate people. That's fundamental and that's when you get into the representative work force and teaching to what the needs of the people and industry, if you take Saskatchewan, Canada, or southern or northern Saskatchewan or whatever they have to do that through dialoguing with the communities and the employers. Everybody has got to be at the same table.*
- *In P.A. they do because they have actually hired Marie Merasty and she works on recruiting people in the health district.*
- *There are all kinds of opportunities for those training institutions to work together. I mean we have Dumont Institute, we have the Saskatchewan Indian Institute of Technology, they can maybe do a portion on the program - the Home Care, Special Care Aides, and there are all kinds of opportunity for the institutions.*
- *We've standing at the door and no one is coming. Well not only are there no aboriginal people, there are no Caucasian people coming through that door either. There's a vacancy because nobody wants the job. So why should we expect the aboriginal people to jump at it?*

17. Participant Comments:

- *Provincial Work Force Council can maybe solve some of those issues, if they come up with the training strategy and we have everybody at one table. We talked about technology based training, this may be a way.*
- *They should be representative of themselves when they're going out to these communities. Those are the kinds of things when you talk about mentoring. The authority figure has the education, so I would suspect that they could also be representative.*
- *It's going to be different in this area. What we've tried to do in this partnership thing is with the University or the interns developing training programs that meet the needs of the community, whether that be delivery or at the community level. Whether that be putting the*

skills and knowledge that they have in the community and building that into the curriculum, you know and recognising that as credible curriculum base. We've spoken today a lot about community base, community driven training programs.

- *You need is a provincial strategy and the way to do that would be start with the training council and representation from FSIN and the Metis Society, the key players. In that way every year you can plan. If you meet twice a year, three times a year to put together a mandate of health training, it will be successful.*

18. Cross cultural training is seen as important in ensuring a representative workforce and retaining Aboriginal workers. What is the best way to implement such training?

- *The best cultural training comes from acceptance into the work force, we see this first hand everyday and in every system, not just health care its across the board. It comes back to those top positions they allow racism in the work force, they themselves are racists. Different management people don't allow that type of activity. That work place is all of a sudden different. The real barrier is that people think there's this big difference between aboriginal people and non-aboriginal people, but there isn't. There are some things that have happened historically that have done some damage, we need to talk about that. I'd like to see what the impact has been and if we're going to introduce cultural training, to tell you the truth, I think where we need to introduce it is at the school system. Let's teach the next generation.*
- *If you're going to make these senior people accountable for their own actions, then there has to be somebody to check and balance those attitudes. Even if you give them cultural sensitivity training, you're going to have a hard time, there has to be more recruitment and opportunities for aboriginal people in senior positions and on health boards.*
- *Upper management needs to buy in and because there is no seniority issue, if they don't buy in they are gone. It should be that simple because this is this important.*
- *I think there are different training needs. I mean obviously they can all take a generic anti-racism course, or a generic cross-cultural course everybody needs to take that, but there needs to be different kinds of training for managers and the CEO's and the health boards. You need to tie in what they're doing; they have to learn how to integrate this work.*
- *What we're going to do is pilot test some training through SCN, to develop modules and see if that works that way. We're going to do this first as an SCN training project, because there's really little there to base a decision on that will tell you which way is best and which isn't.*
- *There's a real good partnership with our tribal council and we let tribal council members sit on our board and it's always an issue that's out there.*

19. Many health districts and employers do not see the need for aboriginal employment strategy because there are not a lot of aboriginal people in their district. What strategies need to be put in place which raise the awareness that his needs to be viewed as a provincial need? Do you support this concept? Why?

- *Other than legislating it, I'm not quite sure how you change the attitude of people in those regions.*
- *Some of it is simple demographics and simple financial and economic issues that if you really think about it in that way, you know they better start to change their attitudes or else that's what is going to happen. Make them stop and think there's going to be a large population of aboriginal people in the future and they're the ones who are going to have to support the tax base. When you start talking about money you can usually get beyond racism for most people.*
- *There has to be a merit. I think all you do with equity programs and forced equity in the work place is giving people who are racist an excuse to be more racist. Because they can say well that person didn't deserve that job. You know, you have to make them aware that there is a need to get these people trained into these positions and give them an opportunity to reach these positions.*
- *One of the examples is to have the provincial government people debate how well it's working but we have to have an aboriginal inventory list first. Now SAHO can develop this same kind of a list where you've got your aboriginal people put in their resumes into an inventory, and then they can use the data base all over the districts. So, when you need somebody - an LPN or something you look at that list first and then the whole point is - is somebody qualified to do that job? They can let them know that job is open and they can apply for it because you've got to make the connection and you take it one-step further. When I let them know that a job is open, I can also say and here are two of the three possible areas that we've found for you to live. We can actually make some real effort to recruit people.*
- *I guess some of the training that we've already started; I think the cultural awareness training that we've started within our districts is a really important first step. But it's also human resources planning process and we do have a partnership agreement with the community on a long-term basis. We are not fortunate to have the resources to have a coordinator within our district, but I think it would be a great asset to a district.*
- *Regardless of how sensitive your work place may be, you still need (there is still the demand for) qualified persons. If I had, maybe I shouldn't say this, but if I had to choose between where I'd spend the money, whether it is to culturally prepare the work place versus adding pressure for supporting aboriginal people in taking their training to be qualified and be eligible for employment, I would choose the latter.*

General

20. Do you see a need for a co-ordinated approach to health care training in the province?

- *I don't know how it's going to work out, but I think everybody who is there is there with good intentions. But as to process and as to its effectiveness, there isn't a coordinated effort, now like this might be a beginning, and hopefully this works out but time will tell.*
- *I think all of the communities have been involved in community surveys. They are at various stages. We're working right now on regional training plans to meet the needs that have been identified from the surveys. Some of those training plans which include health related training have already been submitted, some have already been started. I know there's been one started for this fiscal year. We're working on a training plan right now.*
- *We identified a lot of the stuff that we need. We're working on those right now.*

21. Research indicated that there is not a lot of communication taking place among the stakeholders in the health sector, especially when dealing with training issues and needs assessment. If this were so, how would you begin the process to open the lines of communication? What should the role of the Sector Partnership Steering Committee be in the process?

- *I think part of it is the need for this whole concept of a training strategy the whole sector strategy - a whole central strategy. Part of that strategy has to be with the communication strategy as to promoting the representation in the work force and having resources to have people to promote that.*
- *You need some infrastructure. I don't think you need a massive amount, but I think you need some sort of infrastructure to pay or for funding to pay for that kind of strategy.*
- *From the point of view of CUPE; we opened up the lines of communications by meeting at not only this table but also the Archerwell Table. We've moved into the next stage, we're actually working with inter-governmental affairs in reviewing our collective agreement and they're going to come back to us with regards to what they see these barriers in there.*
- *I think it would be really helpful if all the politicians involved could somehow unite themselves. They're just struggling against each other at all levels*
- *There is not enough work being done right now in conjunction between the Department of Health and the Department of Education in dealing with curriculum to show exactly how lucrative and how rewarding a career in the health sector is. Not just talking about financial rewards, but career wise, how rewarding health care can be. Maybe the thing we need to be doing here is do a better job of letting our grade 9 and 10 and 11 and 12 students know about those opportunities as opposed to going and focusing our efforts on the post secondary education providers.*
- *I would think that the first thing that would have to happen is communication. We look at*

SAHO for services like Human Resources and planning and capability; they're just not there, and it's not their fault. When you look at the Dorsey commission and the power and the centralisation that's been done in the whole union movement, there's no longer a level playing field there. I mean the unions can play a much bigger role in this and a lot faster, you look at the resources, you look at their legal department, their advisors, and everything. You look at what SAHO's got, they've got 3 or 4 people there trying to hold the whole fort together and there's a serious under resourcing of that facility. We can all say we're separate employers, but when you look at how things have been organised on a provincial basis, your separating borders is more in name than in fact.

Education and Training Provider Representatives

22. Have you identified the need for or are you planning for the introduction of any new training programs for the health sector in the hear future? If yes, what are they and when?

- *We have also been hearing 'train more, we need more graduates'. Over the last five years there have been about 520 to 750 graduates on average across the province. When we talk to the graduates, the problem that they are experiencing is that they're being hired as casual. The employer is saying train more, nobody is willing to offer full-time employment.*
- *Staff and space are under review as well. There needs to be space to accommodate X number of students; and they have to have the mentors. Because of cutbacks the burn out rate of the mentors is high and there is less continuing education encouragement by the district. SIAST can not get anybody to meet the standard for the trainers because with out instructors, because nobody's doing the advanced registrations. As long as you've got seniority, you've got a job, and it doesn't matter about education.*
- *There are issues regarding the hiring instructors. Health districts nurses are not given leaves because there are not enough to cover the gaps. Training providers can not get instructors so we can not hire instructors to train our students.*

23. Are any of your present health training programs being revised?

- *They have incurred debt to complete their training, some of them may have been on social assistance and then for them to try and build a working life based on you know a guesstimate as to how much work they're actually going to get. There has got to be some kind of equity between what it costs young people to get an education and what they're going to get in other programs.*

24. If yes, what is the anticipated date for program revisions?

- *The programs that are currently run are on Northern Nursing, and First Nations. Those programs are funded by medical services branch. The first graduation from primary* *care nursing program was spring 1999. They are currently going through the first real evaluation of that program.*

- *There is a particular concern with respect to the lengths of content, the cost of the training and the cost of salary for the nurse to go to training. We're in the process of using a new approach for the evaluation of those program. There is an advisory for that program which includes the university - the Saskatchewan College of Nurses because they had a great deal of implementing and developing medical services as well as the stakeholder groups, and the managers of those programs.*

25. What formal or informal process is used to co-ordinate training programs with similar programs in other educational/training institutions? Between Aboriginal and non-Aboriginal Training institutions?

- *This transfer of responsibility means the bands themselves are employers and they have the same need for knowledge themselves as does the employer. They want to hire First Nations trained people or people who have been trained in the field but the pool of those people is very small. Their job is to get out there and let the schools and the students just know about the programs that are available, the funding that is available, the opportunities in the field.*

- *There is a lack of understanding about what's in the affiliation agreements between training institutions. It is an evolving process that is continually being improved. Because of the community-based delivery, contact is not necessarily with each campus of our affiliated institution each time, but the one that is contacted, forwards the request on to the proper one.*

- *We have people looking at our training type programs. We are looking at our community needs and our philosophy that comes from the community healing perspective, or a holistic, not just based on surgery. And looking at the kinds of training programs that are students are in and are they comfortable? We like to see a training program similar to the SUNTEP program such as teacher education and then we involve students with the cross culture component so that they understand the larger picture. We emphasize aboriginal content and aboriginal issues and; we don't believe it's made available to the extent it should be in training programs and certainly we have input to that.*

- *It had taken the SUNTEP program 20 years in to promote programs to the point where the kids now in high school saying well I'm in grade 10, and I'm going to take these classes because this is what it takes to qualify for the SUNTEP program, because that's where I want to go.*

- *A barrier around recruitment and retention is the more remote and less desirable places for employment. When people from our own community take the training, They come back because they want to be here. They understand they understand the language, they understand the culture and therefore you're providing a better service to the clients. All of those barriers are eliminated. And that is an advantage that we have in making it a*

Metis specific program. The other barrier is the larger training institutions aren't a Metis training institution, but we are part of what they do There are many Metis people going through the regular institutions to get it and so I think the cross cultural component of it isn't just up to the aboriginal training institutions, it would be to everyone's benefit for the mainstream institutions to start adopting some of that as well.

26. Has you organization developed and/or modified health training programs or curriculum specifically for the Aboriginal community? Please explain.

- *We are also talking to aboriginal organizations to do some cross-cultural training for our faculty. From our point of view, we have the highest number of aboriginal students in a degree program in nursing that we've ever had in this province. It is really important that not only aboriginal students experience the aboriginal content, but our non-aboriginal students need to as well. Our province has a large aboriginal population and we better be dealing with that issue.*

27. Do you foresee any barriers to working more collaboratively in developing training programs for Aboriginal people?

- *They can be successful, and there's a lot of wasted potential for the people all they need is a little more flexibility, not in lowering the bar or anything, just to feel comfortable at the institution.*

- *A lack of respect within the levels of the training institutions is a barrier as well. It has been exhibited between the university and SIAST and as well between various levels of professionals.*

28. Has your organization offered any programs in health that are now discontinued? Why?

- *The interest in health programs really dropped off over the last five years, and it's interesting to hear that they're coming up again. Students are coming to me now and saying what job can I get from this program. They're looking for programs now that really target into a career line. We're really looking at that program and what's going to happen*

- *One provider indicated that the system is self-destructive because you've got teaching staff that are burnt out and stressed and they're taking it out on each other, they're taking it out on our students, it doesn't take a rocket scientist to figure out that if a student goes into a clinical area and works along side people who are going to abuse them all day, that they're not going to be coming back to work there when they graduate. They're still thinking that there's this great surplus of people out there and they can just pick and choose whoever they want, it's not like that anymore.*

- *The high school system isn't getting students jobs or giving them the proper skills. There seems to be some gaps there and so our students aren't ready for real jobs. And then there are equity issues. We have to spend a lot of our time and a lot of our energy just trying to establish a level playing field.*

- *Well if we can work on two issues that we've been working on, one - the unions are very important but they blame management and probably management blame the unions and aboriginal people have been the bystanders of this debate. Maybe we can turn some of those casual jobs into permanent jobs without losing the employment. At the same time, if they're new jobs, then aboriginal will be included in competing for it instead of moving over to seniority. We've got to be able to make some deals.*

- *Why should a student invest in nursing and other kinds of classifications if you only get 16 hours of work a week? A commitment must be made to the aboriginal community if you want us to invest in training and preparing people for a career. We don't hear that, yet we're still trying to lobby and it looks like opportunity under some specific classification.*

- *Some of the other things that I think also need to be addressed and I don't think they're exclusive to the aboriginal community is the recognition of all the stresses and strains that are on students. Those are barriers to education.*

- *One is cultural development that we do in preparing our work place that is not only for non-aboriginal people, but it's also for aboriginal people so they know how to stand up and deal with the racism. The government departments, maybe if they put into collective agreements that it would become formal, that Indian and Metis education be part of the formal process - that unions have to take forward some of these issues that aboriginal people have to deal with. Because don't forget, part of the mis-information is the stigma that they're under that they're getting from the work place because of this equity stigma.*

- *Another barrier would be when SHIN came to Saskatchewan, they announce 300 information technology jobs, they go to the U. of R. they explain that, but they forget to go to Dumont Technical Institute and SIFC. Or, an example is SGEU, wants to create jail guards for the overflow in Manitoba and Saskatchewan, so they put it that only SIAST can deliver it. It's not only SIAST, but why couldn't they say Dumont Technical Institute or SIFC, if you so choose you can deliver too, so when I'm making my selection I've got a broader base to choose from. Even if they didn't want to, they have that choice. It's just like nursing or whatever, we don't just go to First Nations, we offer all these opportunities to aboriginal people in general and then see who comes forward.*

- *A major barrier identified is the province has not developed a strategic plan. What are our goals, what is our vision, where do we want to be in 20 years? Has the health district done that, like as a general person who is out in the population, I don't have the foggiest idea what the health district plans on doing five years from now.*

APPENDIX D - Education and Training Database

Education and Training Database

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Introduction

A key to the success in human resource planning is having access to relevant education and training programs and courses. During the course of the study undertaken of the Health Sector a detailed education and training database was researched and developed. The Health Sector Partnership Steering Committee recognized the importance of having access to such a resource and has recommended the database be not only maintained, but expanded so it can be used by all stakeholders of the health sector.

At this time the education and training database has been designed in such a manner so it can be revised and updated very easily. The study revealed that there is an abundance of data produced and available, however, the existing sources are not all standarized so they are easily readable and accessible. The present database of programs and courses reflects the findings thus far and it is the intent of the Health Sector Partnership Steering Committee to pursue a method to ensure it can be easily maintained and up-dated. Presently, it is being treated as a "living document" in which further additions and up-grades can be undertaken.

The Health Sector Steering Committee envisions this education and training database to be a valuable resource to all the stakeholders of the industry, whether they be employers, unions, training providers, the aboriginal community or government departments. The end product will be electronically linked to the payroll systems, other web sites, and other relevant databases which in the end can be used for such things as recruitment, career succession planning and profession, job descriptions, and promotion.

The work undertaken to produce this database is appreciated by the Health Sector Partnership Steering Committee and a commitment has been made to first validate the information with the appropriate stakeholders and then develop strategies to expand and up-date the information and linkages.

Accounting Clerk I

Saskatchewan Institute of Applied Science and Technology

1100-15th Street N, Box 3003, Prince Albert, SK S6V 6G1, Tel:1-800-667-9664 or (306) 953-7000,
www.siast.sk.ca

Training Location:	SIAST-Woodland
Level of Classification Available:	I, II, III
Classification Type:	Technical
Job Description:	
Salary Range:	$12.71 - $12.99/hour
Training Prerequisites:	CMA or CGA
Prerequisite Information	Accounting Clerk Certificate, credits transferable for CMA or CGA
# of seats per training session:	60
# currently employed:	74
Delivery Method:	Classroom-Based
Length:	40 week
Funding for Training:	None Listed

Accounting Clerk II

Saskatchewan Institute of Applied Science and Technology

1100-15th Street N, Box 3003, Prince Albert, SK S6V 6G1, Tel:1-800-667-9664 or (306) 953-7000,
www.siast.sk.ca

Training Location:	SIAST-Woodland
Level of Classification Available:	I, II, III
Classification Type:	Technical
Job Description:	
Salary Range:	$13.49 - $14.27/hour
Training Prerequisites:	CMA or CGA
Prerequisite Information	Accounting Clerk Certificate, credits transferable for CMA or CGA
# of seats per training session:	60
# currently employed:	41
Delivery Method:	Classroom-Based
Length:	40 week
Funding for Training:	None Listed

Accounting Clerk III

Saskatchewan Institute of Applied Science and Technology

1100-15th Street N, Box 3003, Prince Albert, SK S6V 6G1, Tel:1-800-667-9664 or (306) 953-7000,
www.siast.sk.ca

Training Location:	SIAST-Woodland
Level of Classification Available:	I, II, III
Classification Type:	Technical
Job Description:	
Salary Range:	$16.10/hour
Training Prerequisites:	CMA or CGA
Prerequisite Information	Accounting Clerk Certificate, credits transferable for CMA or CGA
# of seats per training session:	60
# currently employed:	9
Delivery Method:	Classroom-Based
Length:	40 week
Funding for Training:	None Listed

Acct Clk III - Accts Payable

Saskatchewan Institute of Applied Science and Technology

1100-15th Street N, Box 3003, Prince Albert, SK S6V 6G1, Tel:1-800-667-9664 or (306) 953-7000,
www.siast.sk.ca

Training Location:	SIAST-Woodland
Level of Classification Available:	I, II, III
Classification Type:	Technical
Job Description:	
Salary Range:	$13.57 - $14.03/hour
Training Prerequisites:	CMA or CGA
Prerequisite Information	Accounting Clerk Certificate, credits transferable for CMA or CGA
# of seats per training session:	60
# currently employed:	9
Delivery Method:	Classroom-Based
Length:	40 week
Funding for Training:	None Listed

Acct Clk III - Accts Receivable

Saskatchewan Institute of Applied Science and Technology

1100-15th Street N, Box 3003, Prince Albert, SK S6V 6G1, Tel:1-800-667-9664 or (306) 953-7000,
www.siast.sk.ca

Training Location:	SIAST-Woodland
Level of Classification Available:	I, II, III
Classification Type:	Technical
Job Description:	
Salary Range:	$14.03/hour
Training Prerequisites:	CMA or CGA
Prerequisite Information	Accounting Clerk Certificate, credits transferable for CMA or CGA
# of seats per training session:	60
# currently employed:	16
Delivery Method:	Classroom-Based
Length:	40 week
Funding for Training:	None Listed

Acct Clk III - Machine Operator

Saskatchewan Institute of Applied Science and Technology

1100-15th Street N, Box 3003, Prince Albert, SK S6V 6G1, Tel:1-800-667-9664 or (306) 953-7000,
www.siast.sk.ca

Training Location:	SIAST-Woodland
Level of Classification Available:	I, II, III
Classification Type:	Technical
Job Description:	
Salary Range:	$16.10/hour
Training Prerequisites:	CMA or CGA
Prerequisite Information	Accounting Clerk Certificate, credits transferable for CMA or CGA
# of seats per training session:	60
# currently employed:	
Delivery Method:	Classroom-Based
Length:	40 week
Funding for Training:	None Listed

Activity Aide

Training Specific to Employer

Employer Address

Training Location: Employer

Level of Classification Available: Entry

Classification Type: Vocational

Job Description:

Salary Range: $13.13 - $13.49/hour

Training Prerequisites: On the Job

Prerequisite Information Specific to Employer

# of seats per training session: Not Applicable

# currently employed: 37

Delivery Method: Workplace Training

Length: Unknown

Funding for Training: Unknown

Activity Worker

Saskatchewan Institute of Applied Science and Technology

Kelsey Campus, PO Box 1520, Saskatoon, SK SK7 3R5, Tel: 1-800-567-3263 or (306) 933-6440,
www.siast.sk.ca

Training Location: SIAST-Kelsey

Level of Classification Available: Entry, I, II

Classification Type: Vocational

Job Description:

Salary Range: $12.43 - $13.13/hour

Training Prerequisites: Recreation & Leisure Diploma

Prerequisite Information Recreation & Leisure Diploma

# of seats per training session: 24

# currently employed: 139

Delivery Method: Classroom/Workplace

Length: 2 Year

Funding for Training: Tuition $3,700

Activity Worker I

Saskatchewan Institute of Applied Science and Technology

Kelsey Campus, PO Box 1520, Saskatoon, SK SK7 3R5, Tel: 1-800-567-3263 or (306) 933-6440, www.siast.sk.ca

Training Location:	SIAST-Kelsey
Level of Classification Available:	Entry, I, II
Classification Type:	Vocational
Job Description:	
Salary Range:	$11.81 - $13.13/hour
Training Prerequisites:	Recreation & Leisure Diploma
Prerequisite Information	Recreation & Leisure Diploma
# of seats per training session:	24
# currently employed:	336
Delivery Method:	Classroom/Workplace
Length:	2 Year
Funding for Training:	Tuition $3,700

Activity Worker II

Saskatchewan Institute of Applied Science and Technology

Kelsey Campus, PO Box 1520, Saskatoon, SK SK7 3R5, Tel: 1-800-567-3263 or (306) 933-6440, www.siast.sk.ca

Training Location:	SIAST-Kelsey
Level of Classification Available:	Entry, I, II
Classification Type:	Vocational
Job Description:	
Salary Range:	$13.49 -$15.80/hour
Training Prerequisites:	Recreation & Leisure Diploma
Prerequisite Information	Recreation & Leisure Diploma
# of seats per training session:	24
# currently employed:	94
Delivery Method:	Classroom/Workplace
Length:	2 Year
Funding for Training:	Tuition $3,700

Addictions Counsellor

Saskatchewan Institute of Applied Science and Technology

1100-15th Street N, Box 3003, Prince Albert, SK S6V 6G1, Tel:1-800-667-9664 or (306) 953-7000, www.siast,sk,ca

Training Location:	SIAST-Woodland
Level of Classification Available:	Entry
Classification Type:	Health Care
Job Description:	
Salary Range:	$14.63/hour
Training Prerequisites:	Certificate
Prerequisite Information	Chemical Dependency Worker Certificate
# of seats per training session:	30
# currently employed:	118
Delivery Method:	Classroom-Based
Length:	52 week
Funding for Training:	Tuition $3,000

Addictions Counsellor

Saskatchewan Indian Institute of Technologies

#100 - 103A Packham Avenue, Saskatoon, Saskatchewan S7N 4K4, Tel: (306) 244-4444, Toll free in Saskatchewan: 1-800-667-9704, Fax: (306) 244-1391, www.siit.sk.ca

Training Location:	SIIT-Saskatoon, Satellite Campuses (Fort Qu'Appelle, Yorkton, Price Albert, North Battleford, Meadow Lake
Level of Classification Available:	Entry
Classification Type:	Technical
Job Description:	
Salary Range:	$14.63/hour
Training Prerequisites:	Certificate
Prerequisite Information	Addictions Counsellor Certificate
# of seats per training session:	15-20
# currently employed:	118
Delivery Method:	Classroom/Hands-On
Length:	10 month
Funding for Training:	Tuition $2,600

Admin/Unit Clerk

Training Specific to Employer

Employer Address

Training Location:	Employer
Level of Classification Available:	Entry
Classification Type:	Vocational
Job Description:	
Salary Range:	$13.13/hour
Training Prerequisites:	On the Job
Prerequisite Information	Specific to Employer
# of seats per training session:	Not Applicable
# currently employed:	
Delivery Method:	Workplace Training
Length:	Unknown
Funding for Training:	Unknown

Administrative Clerk

Training Specific to Employer

Employer Address

Training Location:	Employer
Level of Classification Available:	Entry
Classification Type:	Vocational
Job Description:	
Salary Range:	$13.48/hour
Training Prerequisites:	On the Job
Prerequisite Information	Specific to Employer
# of seats per training session:	Not Applicable
# currently employed:	31
Delivery Method:	Workplace Training
Length:	Unknown
Funding for Training:	Unknown

Administrative Tech

Training Specific to Employer

Employer Address

Training Location:	Employer
Level of Classification Available:	Entry
Classification Type:	Vocational
Job Description:	
Salary Range:	
Training Prerequisites:	On the Job
Prerequisite Information	Specific to Employer
# of seats per training session:	Not Applicable
# currently employed:	19
Delivery Method:	Workplace Training
Length:	Unknown
Funding for Training:	Unknown

Admissions Coordinator

Training Specific to Employer

Employer Address

Training Location:	Employer
Level of Classification Available:	Entry
Classification Type:	Vocational
Job Description:	
Salary Range:	
Training Prerequisites:	On the Job
Prerequisite Information	Specific to Employer
# of seats per training session:	Not Applicable
# currently employed:	
Delivery Method:	Workplace Training
Length:	Unknown
Funding for Training:	Unknown

Admitting Clerk/Steno

Training Specific to Employer

Employer Address

Training Location:	Employer
Level of Classification Available:	Entry
Classification Type:	Vocational
Job Description:	
Salary Range:	$13.32/hour
Training Prerequisites:	On the Job
Prerequisite Information	Specific to Employer
# of seats per training session:	Not Applicable
# currently employed:	17
Delivery Method:	Workplace Training
Length:	Unknown
Funding for Training:	Unknown

Admitting Clerk/Switchboard Operator

Training Specific to Employer

Employer Address

Training Location:	Employer
Level of Classification Available:	Entry
Classification Type:	Vocational
Job Description:	
Salary Range:	$13.32/hour
Training Prerequisites:	On the Job
Prerequisite Information	Specific to Employer
# of seats per training session:	Not Applicable
# currently employed:	5
Delivery Method:	Workplace Training
Length:	Unknown
Funding for Training:	Unknown

Admitting Coordinator

Training Specific to Employer

Employer Address

Training Location:	Employer
Level of Classification Available:	Entry
Classification Type:	Vocational
Job Description:	
Salary Range:	$15.10/hour
Training Prerequisites:	On the Job
Prerequisite Information	Specific to Employer
# of seats per training session:	Not Applicable
# currently employed:	174
Delivery Method:	Workplace Training
Length:	Unknown
Funding for Training:	Unknown

Admitting Supervisor

Training Specific to Employer

Employer Address

Training Location:	Employer
Level of Classification Available:	Entry
Classification Type:	Vocational
Job Description:	
Salary Range:	$15.10/hour
Training Prerequisites:	On the Job
Prerequisite Information	Specific to Employer
# of seats per training session:	Not Applicable
# currently employed:	1
Delivery Method:	Workplace Training
Length:	Unknown
Funding for Training:	Unknown

Aide I

Training Specific to Employer

Employer Address

Training Location:	Employer
Level of Classification Available:	I, II, III, IV
Classification Type:	Vocational
Job Description:	
Salary Range:	$11.48 - $11.77/hour
Training Prerequisites:	On the Job
Prerequisite Information	Specific to Employer
# of seats per training session:	Not Applicable
# currently employed:	230
Delivery Method:	Workplace Training
Length:	Unknown
Funding for Training:	Unknown

Aide III

Training Specific to Employer

Employer Address

Training Location:	Employer
Level of Classification Available:	I, II, III, IV
Classification Type:	Vocational
Job Description:	
Salary Range:	$12.11/hour
Training Prerequisites:	On the Job
Prerequisite Information	Specific to Employer
# of seats per training session:	Not Applicable
# currently employed:	4
Delivery Method:	Workplace Training
Length:	Unknown
Funding for Training:	Unknown

Aide IV

Training Specific to Employer

Employer Address

Training Location:	Employer
Level of Classification Available:	I, II, III, IV
Classification Type:	Vocational
Job Description:	
Salary Range:	$13.13/hour
Training Prerequisites:	On the Job
Prerequisite Information	Specific to Employer
# of seats per training session:	Not Applicable
# currently employed:	7
Delivery Method:	Workplace Training
Length:	Unknown
Funding for Training:	Unknown

Aide/ Attendant

Training Specific to Employer

Employer Address

Training Location:	Employer
Level of Classification Available:	Entry
Classification Type:	Vocational
Job Description:	
Salary Range:	$12.11/hour
Training Prerequisites:	On the Job
Prerequisite Information	Specific to Employer
# of seats per training session:	Not Applicable
# currently employed:	14
Delivery Method:	Workplace Training
Length:	Unknown
Funding for Training:	Unknown

Assistant Chief Engineer

Saskatchewan Institute of Applied Science and Technology

Kelsey Campus, PO Box 1520, Saskatoon, SK SK7 3R5, Tel: 1-800-567-3263 or (306) 933-6440,
www.siast.sk.ca

Training Location:	SIAST-Kelsey
Level of Classification Available:	Entry
Classification Type:	Technical
Job Description:	
Salary Range:	$14.56/hour
Training Prerequisites:	Diploma
Prerequisite Information	Mechanical Engineering Technology
# of seats per training session:	36
# currently employed:	3
Delivery Method:	Classroom-Based
Length:	2 Year
Funding for Training:	Tuition $4,850

Assistant Chief Radiation Technologist

Saskatchewan Institute of Applied Science and Technology

Kelsey Campus, PO Box 1520, Saskatoon, SK SK7 3R5, Tel: 1-800-567-3263 or (306) 933-6440,
www.siast.sk.ca

Training Location:	SIAST-Kelsey
Level of Classification Available:	Entry
Classification Type:	Technical
Job Description:	
Salary Range:	$23.38/hour
Training Prerequisites:	Diploma
Prerequisite Information	Medical Radiologic Technology Diploma, prerequisite for further medical ultrasonography and magnetic resonance imaging (MRI)
# of seats per training session:	16
# currently employed:	
Delivery Method:	Classroom-Based
Length:	88 week
Funding for Training:	Tuition $4,300

Assistant Cook

Saskatchewan Institute of Applied Science and Technology

Kelsey Campus, PO Box 1520, Saskatoon, SK SK7 3R5, Tel: 1-800-567-3263 or (306) 933-6440, www.siast.sk.ca

Training Location:	SIAST-Kelsey, Palliser,Woodland, Woodland-Meadow Lake
Level of Classification Available:	Entry
Classification Type:	Vocational
Job Description:	
Salary Range:	$13.13/hour
Training Prerequisites:	Certificate
Prerequisite Information	Professional Cooking Certificate
# of seats per training session:	100
# currently employed:	22
Delivery Method:	Classroom/Hands-On
Length:	36-40 week
Funding for Training:	Tuition $2,350

Assistant Health Record Administrator

Saskatchewan Institute of Applied Science and Technology

PO Box 556, Regina, SK S4P 3A3, Tel: 1-800-667-7730 or (306) 787-4314, www.siast.sk.ca

Training Location:	SIAST-Wascana
Level of Classification Available:	Entry
Classification Type:	Health Care
Job Description:	
Salary Range:	
Training Prerequisites:	Diploma
Prerequisite Information	Health Information Services Diploma
# of seats per training session:	10
# currently employed:	
Delivery Method:	Classroom-Based
Length:	2 year
Funding for Training:	Tuition $4,000

Attendant I

Training Specific to Employer

Employer Address

Training Location:	Employer
Level of Classification Available:	I, II, III, IV-LPN
Classification Type:	Health Care
Job Description:	
Salary Range:	$11.48 - $11.77/hour
Training Prerequisites:	On the Job
Prerequisite Information	Specific to Employer
# of seats per training session:	Not Applicable
# currently employed:	31
Delivery Method:	Workplace Training
Length:	Unknown
Funding for Training:	Unknown

Attendant II

Training Specific to Employer

Employer Address

Training Location:	Employer
Level of Classification Available:	I, II, III, IV-LPN
Classification Type:	Health Care
Job Description:	
Salary Range:	$12.42/hour
Training Prerequisites:	On the Job
Prerequisite Information	Specific to Employer
# of seats per training session:	Not Applicable
# currently employed:	10
Delivery Method:	Workplace Training
Length:	Unknown
Funding for Training:	Unknown

Attendant III

Training Specific to Employer

Employer Address

Training Location:	Employer
Level of Classification Available:	I, II, III, IV-LPN
Classification Type:	Health Care
Job Description:	
Salary Range:	$12.11 - $13.13/hour
Training Prerequisites:	On the Job
Prerequisite Information	Specific to Employer
# of seats per training session:	Not Applicable
# currently employed:	18
Delivery Method:	Workplace Training
Length:	Unknown
Funding for Training:	Unknown

Attendant IV - LPN

Saskatchewan Institute of Applied Science and Technology

PO Box 556, Regina, SK S4P 3A3, Tel: 1-800-667-7730 or (306) 787-4314, www.siast.sk.ca

Training Location:	SIAST- Wascana, Woodland
Level of Classification Available:	I, II, III, IV-LPN
Classification Type:	Health Care
Job Description:	
Salary Range:	$13.13/hour
Training Prerequisites:	Certificate
Prerequisite Information	Practical Nursing Certificate, students eligible to write for Licensed Practical Nurse in Saskatchewan
# of seats per training session:	48 Woodland, Wascana numbers not available
# currently employed:	2
Delivery Method:	Classroom-Based
Length:	45 week
Funding for Training:	Tuition $2,300

Audiologists

None Found

Not Found

Training Location:	Out-of-province (Toronto)
Level of Classification Available:	Entry
Classification Type:	Health Care
Job Description:	
Salary Range:	$21.27/hour
Training Prerequisites:	Masters
Prerequisite Information	None Found
# of seats per training session:	not available
# currently employed:	17
Delivery Method:	
Length:	Unknown
Funding for Training:	Unknown

Baker

Saskatchewan Institute of Applied Science and Technology

Kelsey Campus, PO Box 1520, Saskatoon, SK SK7 3R5, Tel: 1-800-567-3263 or (306) 933-6440, www.siast.sk.ca

Training Location:	SIAST-Kelsey, Palliser, Woodland, Woodland-Meadow Lake
Level of Classification Available:	Entry
Classification Type:	Vocational
Job Description:	
Salary Range:	$13.13 - $13.49/hour
Training Prerequisites:	Certificate
Prerequisite Information	Professional Cooking Certificate, graduates receive 1,350 hours towards their journeyman status
# of seats per training session:	100
# currently employed:	10
Delivery Method:	Classroom/Hands-On
Length:	36-40 week
Funding for Training:	Tuition $2,350

Behaviour Management Consultant

University of Saskatchewan

Office of the Registrar, University of Saskatchewan, 105 Administration Place, Saskatoon, SK S7N 5A2, Tel: (306) 966-6760, E-mail: registrar@usask.ca, Web: www.sask.ca/registrar

Training Location: U of S

Level of Classification Available: Entry

Classification Type: Professional

Job Description:

Salary Range:

Training Prerequisites: Graduate or Post Graduate

Prerequisite Information

# of seats per training session:

# currently employed: 2

Delivery Method:

Length:

Funding for Training:

Behaviour Management Consultant

University of Regina

213 - Administration - Humanities Building
University of Regina

Training Location: U of R

Level of Classification Available: Entry

Classification Type: Professional

Job Description:

Salary Range:

Training Prerequisites: Graduate or Post Graduate

Prerequisite Information

# of seats per training session:

# currently employed: 2

Delivery Method:

Length:

Funding for Training:

Biomedical Engineering Technologist

Saskatchewan Institute of Applied Science and Technology

Kelsey Campus, PO Box 1520, Saskatoon, SK SK7 3R5, Tel: 1-800-567-3263 or (306) 933-6440,
www.siast.sk.ca

Training Location:	SIAST-Kelsey
Level of Classification Available:	Entry
Classification Type:	Technical
Job Description:	
Salary Range:	$20.96/hour
Training Prerequisites:	None listed
Prerequisite Information	Biotechnology Diploma
# of seats per training session:	48
# currently employed:	23
Delivery Method:	Classroom-Based
Length:	2 year
Funding for Training:	Tuition $4,400

Buyer

Training Specific to Employer

Employer Address

Training Location:	Employer
Level of Classification Available:	Entry
Classification Type:	Vocational
Job Description:	
Salary Range:	$15.25/hour
Training Prerequisites:	On the Job
Prerequisite Information	Specific to Employer
# of seats per training session:	Not Applicable
# currently employed:	6
Delivery Method:	Workplace Training
Length:	Unknown
Funding for Training:	Unknown

Buyer/Storeman

Training Specific to Employer

Employer Address

Training Location: Employer

Level of Classification Available: Entry

Classification Type: Vocational

Job Description:

Salary Range: $15.25/hour

Training Prerequisites: On the Job

Prerequisite Information Specific to Employer

# of seats per training session: Not Applicable

# currently employed: 2

Delivery Method: Workplace Training

Length: Unknown

Funding for Training: Unknown

Caretaker

Training Specific to Employer

Employer Address

Training Location: Employer

Level of Classification Available: Entry

Classification Type: Vocational

Job Description:

Salary Range: $11.75 -$13.31/hour

Training Prerequisites: On the Job

Prerequisite Information Specific to Employer

# of seats per training session: Not Applicable

# currently employed: 106

Delivery Method: Workplace Training

Length: Unknown

Funding for Training: Unknown

Cashier

Training Specific to Employer

Employer Address

Training Location: Employer

Level of Classification Available: Entry
Classification Type: Vocational
Job Description:

Salary Range: $11.46-$11.75/hour
Training Prerequisites: On the Job
Prerequisite Information Specific to Employer

# of seats per training session: Not Applicable
# currently employed: 27
Delivery Method: Workplace Training
Length: Unknown
Funding for Training: Unknown

Central Laundry

Training Specific to Employer

Employer Address

Training Location: Employer

Level of Classification Available: Entry
Classification Type: Vocational
Job Description:

Salary Range:
Training Prerequisites: On the Job
Prerequisite Information Specific to Employer

# of seats per training session: Not Applicable
# currently employed: 102
Delivery Method: Workplace Training
Length: Unknown
Funding for Training: Unknown

Certified Dental Assistants

Saskatchewan Institute of Applied Science and Technology

PO Box 556, Regina, SK S4P 3A3, Tel: 1-800-667-7730 or (306) 787-4314, www.siast.sk.ca

Training Location: SIAST-Wascana

Level of Classification Available: Entry

Classification Type: Health Care

Job Description:

Salary Range:

Training Prerequisites: Certificate

Prerequisite Information Dental Assisting Certificate

# of seats per training session: 60

# currently employed: 6

Delivery Method: Hands-On

Length: 40 week

Funding for Training: Tuition $1,900

Certified Laboratory/X-Ray Technician

Saskatchewan Institute of Applied Science and Technology

Kelsey Campus, PO Box 1520, Saskatoon, SK SK7 3R5, Tel: 1-800-567-3263 or (306) 933-6440, www.siast.sk.ca

Training Location: SIAST-Kelsey

Level of Classification Available: Entry

Classification Type: Health Care

Job Description:

Salary Range: $16.27/hour

Training Prerequisites: Certificate

Prerequisite Information Certified by the Department of Education

# of seats per training session: 16

# currently employed: 291

Delivery Method: Classroom/Hands-On

Length: 56 week

Funding for Training: Tuition $2,600

Child Care Worker II

Saskatchewan Indian Institute of Technologies

#100 - 103A Packham Avenue, Saskatoon, Saskatchewan S7N 4K4, Tel: (306) 244-4444, Toll free in Saskatchewan: 1-800-667-9704, Fax: (306) 244-1391, www.siit.sk.ca

Training Location: SIIT-Saskatoon

Level of Classification Available: Entry, II

Classification Type: Health Care

Job Description:

Salary Range: $16.77/hour

Training Prerequisites: Certificate

Prerequisite Information First Nations Child Care Worker

# of seats per training session: 25

# currently employed: 21

Delivery Method: Classroom/Workplace

Length: 1 year

Funding for Training: Tuition $2,600

Child Life Worker

Saskatchewan Institute of Applied Science and Technology

Kelsey Campus, PO Box 1520, Saskatoon, SK SK7 3R5, Tel: 1-800-567-3263 or (306) 933-6440, www.siast.sk.ca

Training Location: SIAST-Kelsey

Level of Classification Available: Entry

Classification Type: Professional

Job Description:

Salary Range: $14.36/hour

Training Prerequisites: Certificate

Prerequisite Information Youth Care Worker

# of seats per training session: 24

# currently employed: 5

Delivery Method: Classroom-Based

Length: 38 week

Funding for Training: Tuition $2,200

Clerk I

Saskatchewan Institute of Applied Science and Technology

Kelsey Campus, PO Box 1520, Saskatoon, SK SK7 3R5, Tel: 1-800-567-3263 or (306) 933-6440, www.siast.sk.ca

Training Location: SIAST-Wascana, Woodland, Palliser, Woodland-Meadow Lake

Level of Classification Available: I, II, III

Classification Type: Vocational

Job Description:

Salary Range: $11.79 - $12.11/hour

Training Prerequisites: Certificate, Office Education

Prerequisite Information Office Education Certificate

# of seats per training session: 260

# currently employed: 101

Delivery Method: Classroom-Based

Length: 40 week

Funding for Training: Not Available

Clerk II

Saskatchewan Institute of Applied Science and Technology

Kelsey Campus, PO Box 1520, Saskatoon, SK SK7 3R5, Tel: 1-800-567-3263 or (306) 933-6440, www.siast.sk.ca

Training Location: SIAST-Wascana, Woodland, Palliser, Woodland-Meadow Lake

Level of Classification Available: I, II, III

Classification Type: Vocational

Job Description:

Salary Range: $12.35 - $12.43/hour

Training Prerequisites: Certificate, Office Education

Prerequisite Information Office Education Certificate

# of seats per training session: 260

# currently employed: 28

Delivery Method: Classroom-Based

Length: 40 week

Funding for Training: Not Available

Clerk III

Saskatchewan Institute of Applied Science and Technology

Kelsey Campus, PO Box 1520, Saskatoon, SK SK7 3R5, Tel: 1-800-567-3263 or (306) 933-6440,
www.siast.sk.ca

Training Location: SIAST-Wascana, Woodland, Palliser, Woodland-Meadow Lake

Level of Classification Available: I, II, III

Classification Type: Vocational

Job Description:

Salary Range: $12.80 - $14.00/hour

Training Prerequisites: Certificate, Office Education

Prerequisite Information Office Education Certificate

# of seats per training session: 260

# currently employed: 2

Delivery Method: Classroom-Based

Length: 40 week

Funding for Training: Not Available

Clerk Steno I

Saskatchewan Institute of Applied Science and Technology

Kelsey Campus, PO Box 1520, Saskatoon, SK SK7 3R5, Tel: 1-800-567-3263 or (306) 933-6440,
www.siast.sk.ca

Training Location: SIAST-Wascana, Woodland, Palliser, Woodland-Meadow Lake

Level of Classification Available: I, II, III, IV

Classification Type: Vocational

Job Description:

Salary Range: $12.43 - $12.80/hour

Training Prerequisites: Certificate, Office Education

Prerequisite Information Office Education Certificate

# of seats per training session: 260

# currently employed: 71

Delivery Method: Classroom-Based

Length: 40 week

Funding for Training: Not Available

Clerk Steno II

Saskatchewan Institute of Applied Science and Technology

Kelsey Campus, PO Box 1520, Saskatoon, SK SK7 3R5, Tel: 1-800-567-3263 or (306) 933-6440, www.siast.sk.ca

Training Location:	SIAST-Wascana, Woodland, Palliser, Woodland-Meadow Lake
Level of Classification Available:	I, II, III, IV
Classification Type:	Vocational
Job Description:	
Salary Range:	$11.96 - $13.91/hour
Training Prerequisites:	Certificate, Office Education
Prerequisite Information	Office Education Certificate
# of seats per training session:	260
# currently employed:	104
Delivery Method:	Classroom-Based
Length:	40 week
Funding for Training:	Not Available

Clerk Steno III

Saskatchewan Institute of Applied Science and Technology

Kelsey Campus, PO Box 1520, Saskatoon, SK SK7 3R5, Tel: 1-800-567-3263 or (306) 933-6440, www.siast.sk.ca

Training Location:	SIAST-Wascana, Woodland, Palliser, Woodland-Meadow Lake
Level of Classification Available:	I, II, III, IV
Classification Type:	Vocational
Job Description:	
Salary Range:	$13.13 - $14.28/hour
Training Prerequisites:	Certificate, Office Education
Prerequisite Information	Office Education Certificate
# of seats per training session:	260
# currently employed:	121
Delivery Method:	Classroom-Based
Length:	40 week
Funding for Training:	Not Available

Clerk Steno IV

Saskatchewan Institute of Applied Science and Technology

Kelsey Campus, PO Box 1520, Saskatoon, SK SK7 3R5, Tel: 1-800-567-3263 or (306) 933-6440, www.siast.sk.ca

Training Location:	SIAST-Wascana, Woodland, Palliser, Woodland-Meadow Lake
Level of Classification Available:	I, II, III, IV
Classification Type:	Vocational
Job Description:	
Salary Range:	$15.28/hour
Training Prerequisites:	Certificate, Office Education
Prerequisite Information	Office Education Certificate
# of seats per training session:	260
# currently employed:	10
Delivery Method:	Classroom-Based
Length:	40 week
Funding for Training:	Not Available

Clinical Nutrition Assistant

Saskatchewan Institute of Applied Science and Technology

Kelsey Campus, PO Box 1520, Saskatoon, SK SK7 3R5, Tel: 1-800-567-3263 or (306) 933-6440, www.siast.sk.ca

Training Location:	SIAST-Kelsey
Level of Classification Available:	Entry
Classification Type:	Health Care
Job Description:	
Salary Range:	
Training Prerequisites:	Diploma
Prerequisite Information	Food and Nutrition Management Diploma
# of seats per training session:	Not Available
# currently employed:	1
Delivery Method:	Classroom/Workplace
Length:	2 year
Funding for Training:	Tuition $4,350

Coffee Shop Manager

Training Specific to Employer

Employer Address

Training Location: Employer

Level of Classification Available: Entry

Classification Type: Vocational

Job Description:

Salary Range: $14.83/hour

Training Prerequisites: On the Job

Prerequisite Information Specific to Employer

# of seats per training session: Not Applicable

# currently employed:

Delivery Method: Workplace Training

Length: Unknown

Funding for Training: Unknown

Computer Program Coordinator

University of Saskatchewan

Office of the Registrar, University of Saskatchewan, 105 Administration Place, Saskatoon, SK S7N 5A2, Tel: (306) 966-6760, E-mail: registrar@usask.ca, Web: www.sask.ca/registrar

Training Location: U of S

Level of Classification Available: Entry

Classification Type: Professional

Job Description:

Salary Range: $17.32/hour

Training Prerequisites: Degree

Prerequisite Information Bachelor of Science

# of seats per training session: Not Available

# currently employed:

Delivery Method: Classroom/Hands-On

Length: 4 year

Funding for Training: Variable

Computer Program Coordinator

University of Regina

213 - Administration - Humanities Building
University of Regina

Training Location:	U of R
Level of Classification Available:	Entry
Classification Type:	Professional
Job Description:	
Salary Range:	$17.32/hour
Training Prerequisites:	Degree
Prerequisite Information	Bachelor of Science
# of seats per training session:	Not Available
# currently employed:	
Delivery Method:	Classroom/Hands-On
Length:	4 year
Funding for Training:	Variable

Cook I

Saskatchewan Institute of Applied Science and Technology

Kelsey Campus, PO Box 1520, Saskatoon, SK SK7 3R5, Tel: 1-800-567-3263 or (306) 933-6440,
www.siast.sk.ca

Training Location:	SIAST-Kelsey,Palliser,Woodland, Woodland-Meadow Lake
Level of Classification Available:	I, II, III
Classification Type:	Technical
Job Description:	
Salary Range:	$11.75 - $15.25/hour
Training Prerequisites:	Diploma
Prerequisite Information	Professional Cooking Certificate, graduates receive 1,350 hours towards their journeyman status
# of seats per training session:	100
# currently employed:	561
Delivery Method:	Classroom/Hands-On
Length:	36-40 week
Funding for Training:	Tuition $2,350

Cook II

Saskatchewan Institute of Applied Science and Technology

Kelsey Campus, PO Box 1520, Saskatoon, SK SK7 3R5, Tel: 1-800-567-3263 or (306) 933-6440, www.siast.sk.ca

Training Location: SIAST-Kelsey,Palliser,Woodland, Woodland-Meadow Lake

Level of Classification Available: I, II, III

Classification Type: Technical

Job Description:

Salary Range: $11.81 - $14.89/hour

Training Prerequisites: Diploma

Prerequisite Information Professional Cooking Certificate, graduates receive 1,350 hours towards their journeyman status

# of seats per training session: 100

# currently employed: 771

Delivery Method: Classroom/Hands-On

Length: 36-40 week

Funding for Training: Tuition $2,350

Cook III

Saskatchewan Institute of Applied Science and Technology

Kelsey Campus, PO Box 1520, Saskatoon, SK SK7 3R5, Tel: 1-800-567-3263 or (306) 933-6440, www.siast.sk.ca

Training Location: SIAST-Kelsey,Palliser,Woodland, Woodland-Meadow Lake

Level of Classification Available: I, II, III

Classification Type: Technical

Job Description:

Salary Range: $13.34 - $14.32/hour

Training Prerequisites: Diploma

Prerequisite Information Professional Cooking Certificate, graduates receive 1,350 hours towards their journeyman status

# of seats per training session: 100

# currently employed: 88

Delivery Method: Classroom/Hands-On

Length: 36-40 week

Funding for Training: Tuition $2,350

Cook's Helper

Training Specific to Employer

Employer Address

Training Location: Employer

Level of Classification Available: Entry

Classification Type: Vocational

Job Description:

Salary Range: $12.42/hour

Training Prerequisites: On the Job

Prerequisite Information Specific to Employer

# of seats per training session: Not Applicable

# currently employed: 43

Delivery Method: Workplace Training

Length: Unknown

Funding for Training: Unknown

Dental Hygienists

Saskatchewan Institute of Applied Science and Technology

PO Box 556, Regina, SK S4P 3A3, Tel: 1-800-667-7730 or (306) 787-4314, www.siast.sk.ca

Training Location: SIAST-Wascana

Level of Classification Available: Entry

Classification Type: Health Care

Job Description:

Salary Range:

Training Prerequisites: Diploma

Prerequisite Information Dental Hygiene Diploma

# of seats per training session: 24

# currently employed: 2

Delivery Method: Classroom/Workplace

Length: 2 year

Funding for Training: Tuition $4,200

Dental Technicians

Saskatchewan Institute of Applied Science and Technology

PO Box 556, Regina, SK S4P 3A3, Tel: 1-800-667-7730 or (306) 787-4314, www.siast.sk.ca

Training Location:	SIAST-Wascana
Level of Classification Available:	Entry
Classification Type:	Health Care
Job Description:	
Salary Range:	
Training Prerequisites:	Diploma, Dental Hygiene
Prerequisite Information	Dental Hygiene Diploma
# of seats per training session:	24
# currently employed:	
Delivery Method:	Classroom/Workplace
Length:	2 year
Funding for Training:	Tuition $4,200

Dental Therapists

Saskatchewan Institute of Applied Science and Technology

PO Box 556, Regina, SK S4P 3A3, Tel: 1-800-667-7730 or (306) 787-4314, www.siast.sk.ca

Training Location:	SIAST-Wascana
Level of Classification Available:	Entry
Classification Type:	Health Care
Job Description:	
Salary Range:	$17.46/hour
Training Prerequisites:	Diploma, Dental Hygiene
Prerequisite Information	Dental Hygiene Diploma
# of seats per training session:	24
# currently employed:	11
Delivery Method:	Classroom/Workplace
Length:	2 year
Funding for Training:	Tuition $4,200

Dental Therapists

Saskatchewan Indian Federated College

College West 126, University of Regina, 3737 Wascana Parkway, Regina, SK S4S 0A2, Tel: (306) 779-6227

Training Location:	SIFC-Prince Albert
Level of Classification Available:	Entry
Classification Type:	Health Care
Job Description:	
Salary Range:	$17.46/hour
Training Prerequisites:	Diploma, Dental Hygiene
Prerequisite Information	National School of Dental Therapy
# of seats per training session:	Not Available
# currently employed:	11
Delivery Method:	Classroom/Hands-On
Length:	Unknown
Funding for Training:	Variable

Dentists

University of Saskatchewan

Office of the Registrar, University of Saskatchewan, 105 Administration Place, Saskatoon, SK S7N 5A2, Tel: (306) 966-6760, E-mail: registrar@usask.ca, Web: www.sask.ca/registrar

Training Location:	U of S
Level of Classification Available:	Entry
Classification Type:	Health Care
Job Description:	
Salary Range:	
Training Prerequisites:	Degree
Prerequisite Information	Doctor of Dental Medicine Program
# of seats per training session:	25
# currently employed:	
Delivery Method:	Classroom/Practicum/Internship
Length:	5 year
Funding for Training:	Variable

Dietary Aide

Training Specific to Employer

Employer Address

Training Location:	Employer
Level of Classification Available:	Entry, I
Classification Type:	Vocational
Job Description:	
Salary Range:	$11.25/hour
Training Prerequisites:	On the Job
Prerequisite Information	Specific to Employer
# of seats per training session:	Not Applicable
# currently employed:	2,022
Delivery Method:	Workplace Training
Length:	Unknown
Funding for Training:	Unknown

Dietary Aide I

Training Specific to Employer

Employer Address

Training Location:	Employer
Level of Classification Available:	Entry, I
Classification Type:	Vocational
Job Description:	
Salary Range:	$11.48/hour
Training Prerequisites:	On the Job
Prerequisite Information	Specific to Employer
# of seats per training session:	Not Applicable
# currently employed:	94
Delivery Method:	Workplace Training
Length:	Unknown
Funding for Training:	Unknown

Dietary Clerk

Training Specific to Employer

Employer Address

Training Location:	Employer
Level of Classification Available:	Entry, I
Classification Type:	Vocational
Job Description:	
Salary Range:	$11.77 - $12.43/hour
Training Prerequisites:	On the Job
Prerequisite Information	Specific to Employer
# of seats per training session:	Not Applicable
# currently employed:	9
Delivery Method:	Workplace Training
Length:	Unknown
Funding for Training:	Unknown

Dietary Clerk I

Training Specific to Employer

Employer Address

Training Location:	Employer
Level of Classification Available:	Entry, I
Classification Type:	Vocational
Job Description:	
Salary Range:	$12.80/hour
Training Prerequisites:	On the Job
Prerequisite Information	Specific to Employer
# of seats per training session:	Not Applicable
# currently employed:	
Delivery Method:	Workplace Training
Length:	Unknown
Funding for Training:	Unknown

Dietary Porter

Training Specific to Employer

Employer Address

Training Location:	Employer
Level of Classification Available:	Entry
Classification Type:	Vocational
Job Description:	
Salary Range:	$11.77/hour
Training Prerequisites:	On the Job
Prerequisite Information	Specific to Employer
# of seats per training session:	Not Applicable
# currently employed:	42
Delivery Method:	Workplace Training
Length:	Unknown
Funding for Training:	Unknown

Dietary Store Person

Training Specific to Employer

Employer Address

Training Location:	Employer
Level of Classification Available:	Entry
Classification Type:	Vocational
Job Description:	
Salary Range:	$12.80/hour
Training Prerequisites:	On the Job
Prerequisite Information	Specific to Employer
# of seats per training session:	Not Applicable
# currently employed:	
Delivery Method:	Workplace Training
Length:	Unknown
Funding for Training:	Unknown

Dietary Systems Clerk

Training Specific to Employer

Employer Address

Training Location:	Employer
Level of Classification Available:	Entry
Classification Type:	Vocational
Job Description:	
Salary Range:	$12.80/hour
Training Prerequisites:	On the Job
Prerequisite Information	Specific to Employer
# of seats per training session:	Not Applicable
# currently employed:	2
Delivery Method:	Workplace Training
Length:	Unknown
Funding for Training:	Unknown

E.C.G. Technician II

Saskatchewan Institute of Applied Science and Technology

Kelsey Campus, PO Box 1520, Saskatoon, SK SK7 3R5, Tel: 1-800-567-3263 or (306) 933-6440,
www.siast.sk.ca

Training Location:	SIAST-Kelsey
Level of Classification Available:	Entry, II
Classification Type:	Technical
Job Description:	
Salary Range:	
Training Prerequisites:	Certificate + In-House Training
Prerequisite Information	Combined Laboratory and X-Ray Technician, certified by the Department of Education
# of seats per training session:	16
# currently employed:	
Delivery Method:	Classroom/Hands-On/Practicum
Length:	56 week
Funding for Training:	Tuition $2,600

E.C.G. Technologist

Saskatchewan Institute of Applied Science and Technology

Kelsey Campus, PO Box 1520, Saskatoon, SK SK7 3R5, Tel: 1-800-567-3263 or (306) 933-6440,
www.siast.sk.ca

Training Location:	SIAST-Kelsey
Level of Classification Available:	Entry
Classification Type:	Technical
Job Description:	
Salary Range:	
Training Prerequisites:	Certificate + In-House Training
Prerequisite Information	Combined Laboratory and X-Ray Technician, certified by the Department of Education
# of seats per training session:	16
# currently employed:	
Delivery Method:	Classroom/Hands-On/Practicum
Length:	56 week
Funding for Training:	Tuition $2,600

E.C.G. Trainee

Saskatchewan Institute of Applied Science and Technology

Kelsey Campus, PO Box 1520, Saskatoon, SK SK7 3R5, Tel: 1-800-567-3263 or (306) 933-6440,
www.siast.sk.ca

Training Location:	SIAST-Kelsey
Level of Classification Available:	Entry
Classification Type:	Technical
Job Description:	
Salary Range:	
Training Prerequisites:	Certificate + In-House Training
Prerequisite Information	Combined Laboratory and X-Ray Technician, certified by the Department of Education
# of seats per training session:	16
# currently employed:	
Delivery Method:	Classroom/Hands-On/Practicum
Length:	56 week
Funding for Training:	Tuition $2,600

ECG - Technician

Saskatchewan Institute of Applied Science and Technology

Kelsey Campus, PO Box 1520, Saskatoon, SK SK7 3R5, Tel: 1-800-567-3263 or (306) 933-6440, www.siast.sk.ca

Training Location:	SIAST-Kelsey
Level of Classification Available:	Entry, II
Classification Type:	Technical
Job Description:	
Salary Range:	$16.77/hour
Training Prerequisites:	Certificate + In-House Training
Prerequisite Information	Combined Laboratory and X-Ray Technician, certified by the Department of Education
# of seats per training session:	16
# currently employed:	1
Delivery Method:	Classroom/Hands-On/Practicum
Length:	56 week
Funding for Training:	Tuition $2,600

ECG Technician (with Certificate)

Saskatchewan Institute of Applied Science and Technology

Kelsey Campus, PO Box 1520, Saskatoon, SK SK7 3R5, Tel: 1-800-567-3263 or (306) 933-6440, www.siast.sk.ca

Training Location:	SIAST-Kelsey
Level of Classification Available:	Entry, II
Classification Type:	Technical
Job Description:	
Salary Range:	$16.77/hour
Training Prerequisites:	Certificate + In-House Training
Prerequisite Information	Combined Laboratory and X-Ray Technician, certified by the Department of Education
# of seats per training session:	16
# currently employed:	
Delivery Method:	Classroom/Hands-On/Practicum
Length:	56 week
Funding for Training:	Tuition $2,600

Echo Technologist

Saskatchewan Institute of Applied Science and Technology

Kelsey Campus, PO Box 1520, Saskatoon, SK SK7 3R5, Tel: 1-800-567-3263 or (306) 933-6440, www.siast.sk.ca

Training Location:	SIAST-Kelsey
Level of Classification Available:	Entry
Classification Type:	Technical
Job Description:	
Salary Range:	
Training Prerequisites:	Certificate + In-House Training
Prerequisite Information	Combined Laboratory and X-Ray Technician, certified by the Department of Education
# of seats per training session:	16
# currently employed:	10
Delivery Method:	Classroom/Hands-On/Practicum
Length:	56 week
Funding for Training:	Tuition $2,600

EEG Technician

Saskatchewan Institute of Applied Science and Technology

Kelsey Campus, PO Box 1520, Saskatoon, SK SK7 3R5, Tel: 1-800-567-3263 or (306) 933-6440, www.siast.sk.ca

Training Location:	SIAST-Kelsey
Level of Classification Available:	Entry
Classification Type:	Technical
Job Description:	
Salary Range:	$15.25/hour
Training Prerequisites:	Certificate + In-House Training
Prerequisite Information	Combined Laboratory and X-Ray Technician, certified by the Department of Education
# of seats per training session:	16
# currently employed:	1
Delivery Method:	Classroom/Hands-On/Practicum
Length:	56 week
Funding for Training:	Tuition $2,600

Electrical Technologist

Saskatchewan Institute of Applied Science and Technology

Saskatchewan Street & 6th Avenue N.W., PO Box 1420, Moose Jaw, SK S6H 4R4, Tel: (306) 694-3200, Fax: (306) 693-3321, www.siast.sk.ca

Training Location:	SIAST-Palliser
Level of Classification Available:	Entry
Classification Type:	Technical
Job Description:	
Salary Range:	$21.72/hour
Training Prerequisites:	Diploma
Prerequisite Information	Electrical Engineering Technology, students alternate between academic semesters
# of seats per training session:	30
# currently employed:	1
Delivery Method:	Classroom/Hands-On
Length:	2 1/2 year with 3 co-op terms
Funding for Training:	Tuition $6,050

Electrician

Saskatchewan Institute of Applied Science and Technology

Kelsey Campus, PO Box 1520, Saskatoon, SK SK7 3R5, Tel: 1-800-567-3263 or (306) 933-6440, www.siast.sk.ca

Training Location:	SIAST-Palliser, Woodland
Level of Classification Available:	Entry
Classification Type:	Technical
Job Description:	
Salary Range:	$20.33 - $23.53/hour
Training Prerequisites:	Certificate + Apprenticeship
Prerequisite Information	Electrician: Pre-Employment Certificate, graduate are granted first 4 levels in the apprecticeship program by the Saskatchewan
# of seats per training session:	36
# currently employed:	18
Delivery Method:	Classroom/Hands-On
Length:	24 week
Funding for Training:	Tuition $1,500

Electrocardiograph Technicians

Saskatchewan Institute of Applied Science and Technology

Kelsey Campus, PO Box 1520, Saskatoon, SK SK7 3R5, Tel: 1-800-567-3263 or (306) 933-6440, www.siast.sk.ca

Training Location:	SIAST-Kelsey
Level of Classification Available:	Entry
Classification Type:	Technical
Job Description:	
Salary Range:	
Training Prerequisites:	Certificate + In-House Training
Prerequisite Information	Combined Laboratory and X-Ray Technician, certified by the Department of Education
# of seats per training session:	16
# currently employed:	
Delivery Method:	Classroom/Hands-On/Practicum
Length:	56 week
Funding for Training:	Tuition $2,600

Electroneurophysiology Technologists

British Columbia Institute of Technology

3700 Willingdon Ave., Burnaby, BC V5G 3H2, Tel: (604) 434-1610, Fax: (604) 433-1184, Web: www.bcit.bc.ca/

Training Location:	British Columbia
Level of Classification Available:	Entry
Classification Type:	Technical
Job Description:	
Salary Range:	
Training Prerequisites:	Diploma
Prerequisite Information	Electroneurophysiology: Diploma Program
# of seats per training session:	
# currently employed:	
Delivery Method:	Classroom-Based
Length:	2 year
Funding for Training:	Tuition $4,677

Emergency Medical Technicians

Saskatchewan Institute of Applied Science and Technology

PO Box 556, Regina, SK S4P 3A3, Tel: 1-800-667-7730 or (306) 787-4314, www.siast.sk.ca

Training Location:	SIAST-Wascana
Level of Classification Available:	Entry
Classification Type:	Technical
Job Description:	
Salary Range:	$11.78/hour
Training Prerequisites:	EMT Certificate
Prerequisite Information	Emergency Medical Technician Certificate
# of seats per training session:	150
# currently employed:	128
Delivery Method:	Classroom-Based
Length:	10 week
Funding for Training:	Tuition $800

Emergency Medical Technicians-Advanced

Saskatchewan Institute of Applied Science and Technology

PO Box 556, Regina, SK S4P 3A3, Tel: 1-800-667-7730 or (306) 787-4314, www.siast.sk.ca

Training Location:	SIAST-Wascana (Extension/Outreach/Off Campus Program
Level of Classification Available:	Entry
Classification Type:	Technical
Job Description:	
Salary Range:	$13.90/hour
Training Prerequisites:	EMT Certificate
Prerequisite Information	Emergency Medical Technician-Advanced Certificate
# of seats per training session:	48
# currently employed:	18
Delivery Method:	Classroom/Workplace
Length:	565 hour
Funding for Training:	Tuition $1,205

Emergency Medical Technicians-Paramedic

Saskatchewan Institute of Applied Science and Technology

PO Box 556, Regina, SK S4P 3A3, Tel: 1-800-667-7730 or (306) 787-4314, www.siast.sk.ca

Training Location:	SIAST-Wascana
Level of Classification Available:	Entry
Classification Type:	Technical
Job Description:	
Salary Range:	$14.87/hour
Training Prerequisites:	Diploma
Prerequisite Information	Emergency Medical Technicians-Paramedic Diploma
# of seats per training session:	16
# currently employed:	36
Delivery Method:	Classroom-Based
Length:	13 month
Funding for Training:	Tuition $3,257

Engineer III

Saskatchewan Institute of Applied Science and Technology

Kelsey Campus, PO Box 1520, Saskatoon, SK SK7 3R5, Tel: 1-800-567-3263 or (306) 933-6440, www.siast.sk.ca

Training Location:	SIAST-Kelsey
Level of Classification Available:	I, II, III, IV
Classification Type:	Technical
Job Description:	
Salary Range:	$18.99/hour
Training Prerequisites:	3rd Class Ticket
Prerequisite Information	Power Engineering Technology-Power Engineering 3rd Class (Industry Certification)
# of seats per training session:	36
# currently employed:	32
Delivery Method:	Classroom/Workplace
Length:	54 week (18 weeks + 36 weeks)
Funding for Training:	Tuition $4,200

Engineer IV

Saskatchewan Institute of Applied Science and Technology

Kelsey Campus, PO Box 1520, Saskatoon, SK SK7 3R5, Tel: 1-800-567-3263 or (306) 933-6440,
www.siast.sk.ca

Training Location:	SIAST-Kelsey
Level of Classification Available:	I, II, III, IV
Classification Type:	Technical
Job Description:	
Salary Range:	$16.43/hour
Training Prerequisites:	4th Class Ticket
Prerequisite Information	Power Engineering Technology-Power Engineering 4th Class (Industry Certification)
# of seats per training session:	36
# currently employed:	33
Delivery Method:	Classroom/Workplace
Length:	36 week
Funding for Training:	Tuition $2,100

File Clerk

Training Specific to Employer

Employer Address

Training Location:	Employer
Level of Classification Available:	
Classification Type:	Vocational
Job Description:	
Salary Range:	$12.11/hour
Training Prerequisites:	On the Job
Prerequisite Information	Specific to Employer
# of seats per training session:	Not Applicable
# currently employed:	32
Delivery Method:	Workplace Training
Length:	Unknown
Funding for Training:	Unknown

Engineer IV

Saskatchewan Institute of Applied Science and Technology

Kelsey Campus, PO Box 1520, Saskatoon, SK SK7 3R5, Tel: 1-800-567-3263 or (306) 933-6440, www.siast.sk.ca

Training Location: SIAST-Kelsey

Level of Classification Available: I, II, III, IV

Classification Type: Technical

Job Description:

Salary Range: $16.43/hour

Training Prerequisites: 4th Class Ticket

Prerequisite Information Power Engineering Technology-Power Engineering 4th Class (Industry Certification)

# of seats per training session: 36

# currently employed: 33

Delivery Method: Classroom/Workplace

Length: 36 week

Funding for Training: Tuition $2,100

File Clerk

Training Specific to Employer

Employer Address

Training Location: Employer

Level of Classification Available:

Classification Type: Vocational

Job Description:

Salary Range: $12.11/hour

Training Prerequisites: On the Job

Prerequisite Information Specific to Employer

# of seats per training session: Not Applicable

# currently employed: 32

Delivery Method: Workplace Training

Length: Unknown

Funding for Training: Unknown

Food Services Supervisor

Saskatchewan Institute of Applied Science and Technology

Kelsey Campus, PO Box 1520, Saskatoon, SK SK7 3R5, Tel: 1-800-567-3263 or (306) 933-6440, www.siast.sk.ca

Training Location:	SIAST-Kelsey
Level of Classification Available:	Entry
Classification Type:	Technical
Job Description:	
Salary Range:	$13.91 - $15.25/hour
Training Prerequisites:	Diploma
Prerequisite Information	Food and Nutrition Management
# of seats per training session:	Not Available
# currently employed:	91
Delivery Method:	Classroom/Workplace
Length:	2 year
Funding for Training:	Tuition $4,350

Graduate Nurse (Unregistered) (Grade No.3040)

Training Location:	
Level of Classification Available:	I, II, III, IV
Classification Type:	Technical
Job Description:	
Salary Range:	$17.35/hour
Training Prerequisites:	
Prerequisite Information	
# of seats per training session:	240
# currently employed:	23
Delivery Method:	
Length:	
Funding for Training:	

Groundsperson

Training Specific to Employer

Employer Address

Training Location:	Employer
Level of Classification Available:	Entry
Classification Type:	Vocational
Job Description:	
Salary Range:	$12.11/hour
Training Prerequisites:	On the Job
Prerequisite Information	Specific to Employer
# of seats per training session:	Not Applicable
# currently employed:	15
Delivery Method:	Workplace Training
Length:	Unknown
Funding for Training:	Unknown

Head Painter

The Northern Alberta Institute of Technology

11762 - 106th Street, Edmonton, AB T5G 2R1, Tel: (403) 471-7400, Fax: (403) 471-8583, E-mail: registrar@nait.ab.ca, Web: www.nait.ab.ca

Training Location:	Edmonton
Level of Classification Available:	Entry
Classification Type:	Technical
Job Description:	
Salary Range:	$20.12/hour
Training Prerequisites:	Certificate + Apprenticeship
Prerequisite Information	Journeyman Painter and Decorator
# of seats per training session:	Not Available
# currently employed:	2
Delivery Method:	Classroom/Workplace
Length:	Unknown
Funding for Training:	Not Available

Head Seamstress

Saskatchewan Institute of Applied Science and Technology

1100-15th Street N, Box 3003, Prince Albert, SK S6V 6G1, Tel:1-800-667-9664 or (306) 953-7000, www.siast,sk,ca

Training Location:	SIAST-Woodland (Off Campus)
Level of Classification Available:	Entry
Classification Type:	Technical
Job Description:	
Salary Range:	$13.13/hour
Training Prerequisites:	Certificate
Prerequisite Information	Textile Manufacturing-Applied Certificate
# of seats per training session:	Not Available
# currently employed:	1
Delivery Method:	Classroom/Hands-On
Length:	100 hours core and one option (80-100 hours each)
Funding for Training:	Not Available

Health Record Technician/Secretary

Saskatchewan Institute of Applied Science and Technology

PO Box 556, Regina, SK S4P 3A3, Tel: 1-800-667-7730 or (306) 787-4314, www.siast.sk.ca

Training Location:	SIAST-Wascana
Level of Classification Available:	Entry
Classification Type:	Health Care
Job Description:	
Salary Range:	$13.48/hour
Training Prerequisites:	Certificate
Prerequisite Information	Health Information Services Certificate
# of seats per training session:	17
# currently employed:	1
Delivery Method:	Classroom-Based
Length:	45 week
Funding for Training:	Tuition $2,200

Health Records Administrator

Saskatchewan Institute of Applied Science and Technology

PO Box 556, Regina, SK S4P 3A3, Tel: 1-800-667-7730 or (306) 787-4314, www.siast.sk.ca

Training Location:	SIAST-Wascana
Level of Classification Available:	Entry
Classification Type:	Health Care
Job Description:	
Salary Range:	$14.68 - $16.43/hour
Training Prerequisites:	Diploma
Prerequisite Information	Health Information Services Technology
# of seats per training session:	10
# currently employed:	50
Delivery Method:	Classroom-Based
Length:	2 year
Funding for Training:	Tuition $4,000

Health Records Administrator/Coder

Saskatchewan Institute of Applied Science and Technology

PO Box 556, Regina, SK S4P 3A3, Tel: 1-800-667-7730 or (306) 787-4314, www.siast.sk.ca

Training Location:	SIAST-Wascana
Level of Classification Available:	Entry
Classification Type:	Health Care
Job Description:	
Salary Range:	$16.77/hour
Training Prerequisites:	Diploma
Prerequisite Information	Health Information Services Technology
# of seats per training session:	10
# currently employed:	
Delivery Method:	Classroom-Based
Length:	2 year
Funding for Training:	Tuition $4,000

Health Records Clerk

Saskatchewan Institute of Applied Science and Technology

PO Box 556, Regina, SK S4P 3A3, Tel: 1-800-667-7730 or (306) 787-4314, www.siast.sk.ca

Training Location:	SIAST-Wascana
Level of Classification Available:	Entry, I
Classification Type:	Health Care
Job Description:	
Salary Range:	$12.43 - $13.49/hour
Training Prerequisites:	Certificate
Prerequisite Information	Health Information Services Certificate
# of seats per training session:	17
# currently employed:	
Delivery Method:	Classroom-Based
Length:	45 week
Funding for Training:	Tuition $2,200

Health Records Clerk I

Saskatchewan Institute of Applied Science and Technology

PO Box 556, Regina, SK S4P 3A3, Tel: 1-800-667-7730 or (306) 787-4314, www.siast.sk.ca

Training Location:	SIAST-Wascana
Level of Classification Available:	Entry, I
Classification Type:	Health Care
Job Description:	
Salary Range:	$12.11/hour
Training Prerequisites:	Certificate
Prerequisite Information	Health Information Services Certificate
# of seats per training session:	17
# currently employed:	
Delivery Method:	Classroom-Based
Length:	45 week
Funding for Training:	Tuition $2,200

Health Records File Clerk

Saskatchewan Institute of Applied Science and Technology

PO Box 556, Regina, SK S4P 3A3, Tel: 1-800-667-7730 or (306) 787-4314, www.siast.sk.ca

Training Location:	SIAST-Wascana
Level of Classification Available:	Entry
Classification Type:	Health Care
Job Description:	
Salary Range:	$12.11/hour
Training Prerequisites:	Certificate
Prerequisite Information	Health Information Services Certificate
# of seats per training session:	17
# currently employed:	
Delivery Method:	Classroom-Based
Length:	45 week
Funding for Training:	Tuition $2,200

Health Records Steno

Saskatchewan Institute of Applied Science and Technology

PO Box 556, Regina, SK S4P 3A3, Tel: 1-800-667-7730 or (306) 787-4314, www.siast.sk.ca

Training Location:	SIAST-Wascana
Level of Classification Available:	Entry
Classification Type:	Health Care
Job Description:	
Salary Range:	
Training Prerequisites:	Certificate
Prerequisite Information	Health Information Services Certificate
# of seats per training session:	17
# currently employed:	
Delivery Method:	Classroom-Based
Length:	45 week
Funding for Training:	Tuition $2,200

Health Records Technician

Saskatchewan Institute of Applied Science and Technology

PO Box 556, Regina, SK S4P 3A3, Tel: 1-800-667-7730 or (306) 787-4314, www.siast.sk.caPO Box 556, Regina, SK S4P 3A3, Tel: 1-800-667-7730 or (306) 787-4314, www.siast.sk.ca

Training Location: SIAST-Wascana

Level of Classification Available: Entry

Classification Type: Health Care

Job Description:

Salary Range: $12.78 - $14.07/hour

Training Prerequisites: Certificate

Prerequisite Information Health Information Services Certificate

# of seats per training session: 17

# currently employed: 1

Delivery Method: Classroom-Based

Length: 45 week

Funding for Training: Tuition $2,200

Home Care Aides

Saskatchewan Institute of Applied Science and Technology

Kelsey Campus, PO Box 1520, Saskatoon, SK SK7 3R5, Tel: 1-800-567-3263 or (306) 933-6440, www.siast.sk.ca

Training Location: SIAST-Kelsey (Campus Extension/Outreach/Off Campus Programs)

Level of Classification Available: Entry

Classification Type: Health Care

Job Description:

Salary Range: $13.13/hour

Training Prerequisites: Certificate

Prerequisite Information Home Care/Special Care Aide Certificate

# of seats per training session: 16

# currently employed: 148

Delivery Method: Classroom/Clinical/Practicum/Workplace

Length: 30 week

Funding for Training: Tuition $250+cost for on the job instructor

Home Care Aides

Saskatchewan Indian Institute of Technologies

#100 - 103A Packham Avenue, Saskatoon, Saskatchewan S7N 4K4, Tel: (306) 244-4444, Toll free in Saskatchewan: 1-800-667-9704, Fax: (306) 244-1391, www.siit.sk.ca

Training Location:	SIIT-Saskatoon
Level of Classification Available:	Entry
Classification Type:	Health Care
Job Description:	
Salary Range:	$13.13/hour
Training Prerequisites:	Certificate
Prerequisite Information	Home Health/Long Term Care Aide
# of seats per training session:	20
# currently employed:	143
Delivery Method:	Classroom-Based
Length:	10 month
Funding for Training:	Tuition $2,400

Housekeeping Aide

Training Specific to Employer

Employer Address

Training Location:	Employer
Level of Classification Available:	Entry
Classification Type:	Vocational
Job Description:	
Salary Range:	$11.42 - $12.43/hour
Training Prerequisites:	On the Job
Prerequisite Information	Specific to Employer
# of seats per training session:	Not Applicable
# currently employed:	1,788
Delivery Method:	Workplace Training
Length:	Unknown
Funding for Training:	Unknown

Housekeeping Co-ordinator

Training Specific to Employer

Employer Address

Training Location:	Employer
Level of Classification Available:	Entry
Classification Type:	Vocational
Job Description:	
Salary Range:	$12.80/hour
Training Prerequisites:	On the Job
Prerequisite Information	Specific to Employer
# of seats per training session:	Not Applicable
# currently employed:	5
Delivery Method:	Workplace Training
Length:	Unknown
Funding for Training:	Unknown

Housekeeping Service Person

Training Specific to Employer

Employer Address

Training Location:	Employer
Level of Classification Available:	Entry
Classification Type:	Vocational
Job Description:	
Salary Range:	$11.77 - $11.81/hour
Training Prerequisites:	On the Job
Prerequisite Information	Specific to Employer
# of seats per training session:	Not Applicable
# currently employed:	44
Delivery Method:	Workplace Training
Length:	Unknown
Funding for Training:	Unknown

Housekeeping Supervisor

Training Specific to Employer

Employer Address

Training Location:	Employer
Level of Classification Available:	Entry
Classification Type:	Vocational
Job Description:	
Salary Range:	$13.49 - $14.47/hour
Training Prerequisites:	On the Job
Prerequisite Information	Specific to Employer
# of seats per training session:	Not Applicable
# currently employed:	11
Delivery Method:	Workplace Training
Length:	Unknown
Funding for Training:	Unknown

Housekeeping Supervisory Aide

Training Specific to Employer

Employer Address

Training Location:	Employer
Level of Classification Available:	Entry
Classification Type:	Vocational
Job Description:	
Salary Range:	
Training Prerequisites:	On the Job
Prerequisite Information	Specific to Employer
# of seats per training session:	Not Applicable
# currently employed:	
Delivery Method:	Workplace Training
Length:	Unknown
Funding for Training:	Unknown

ICU Attendant

Training Specific to Employer

Employer Address

Training Location:	Employer
Level of Classification Available:	Entry
Classification Type:	Vocational
Job Description:	
Salary Range:	
Training Prerequisites:	On the Job
Prerequisite Information	Specific to Employer
# of seats per training session:	Not Applicable
# currently employed:	1
Delivery Method:	Workplace Training
Length:	Unknown
Funding for Training:	Unknown

Instrument Controls Tech

Saskatchewan Institute of Applied Science and Technology

Kelsey Campus, PO Box 1520, Saskatoon, SK SK7 3R5, Tel: 1-800-567-3263 or (306) 933-6440, www.siast.sk.ca

Training Location:	SIAST-Kelsey
Level of Classification Available:	Entry
Classification Type:	Technical
Job Description:	
Salary Range:	
Training Prerequisites:	Certificate or Diploma, Industrial Electronics
Prerequisite Information	Industrial Electronics Technician Certificate or Industrial Electronics Technology Diploma
# of seats per training session:	72
# currently employed:	
Delivery Method:	Hands-On
Length:	38 week-2 year
Funding for Training:	Tuition $2,450-$4,900

Instrument Processing Assistant

Training Specific to Employer

Employer Address

Training Location:	Employer
Level of Classification Available:	Entry
Classification Type:	Technical
Job Description:	
Salary Range:	
Training Prerequisites:	In-House Training
Prerequisite Information	Specific to Employer
# of seats per training session:	Not Applicable
# currently employed:	26
Delivery Method:	Workplace Training
Length:	Unknown
Funding for Training:	Unknown

Instrument Processing Technician I

Training Specific to Employer

Employer Address

Training Location:	Employer
Level of Classification Available:	I, II
Classification Type:	Technical
Job Description:	
Salary Range:	$16.27/hour
Training Prerequisites:	In-House Training
Prerequisite Information	Specific to Employer
# of seats per training session:	Not Applicable
# currently employed:	
Delivery Method:	Workplace Training
Length:	Unknown
Funding for Training:	Unknown

Instrument Processing Technician II

Training Specific to Employer

Employer Address

Training Location: Employer

Level of Classification Available: I, II

Classification Type: Technical

Job Description:

Salary Range: $16.78/hour

Training Prerequisites: In-House Training

Prerequisite Information Specific to Employer

# of seats per training session: Not Applicable

# currently employed: 1

Delivery Method: Workplace Training

Length: Unknown

Funding for Training: Unknown

Instrument Technician - Electronic

Saskatchewan Institute of Applied Science and Technology

Saskatchewan Street & 6th Avenue N.W., PO Box 1420, Moose Jaw, SK S6H 4R4, Tel: (306) 694-3200, Fax: (306) 693-3321, www.siast.sk.ca

Training Location: SIAST-Palliser

Level of Classification Available: Entry

Classification Type: Technical

Job Description:

Salary Range:

Training Prerequisites: Diploma - Instrumentation Engineering

Prerequisite Information Instrumentation Engineering Technology Diploma

# of seats per training session: 30

# currently employed:

Delivery Method: Classroom/Workplace

Length: 2 1/2 year with 3 co-op terms

Funding for Training: Tuition $6,350

Inventory Accounting/Systems Clerk

Training Specific to Employer

Employer Address	
Training Location:	Employer
Level of Classification Available:	Entry
Classification Type:	Vocational
Job Description:	
Salary Range:	
Training Prerequisites:	On the Job
Prerequisite Information	Specific to Employer
# of seats per training session:	Not Applicable
# currently employed:	2
Delivery Method:	Workplace Training
Length:	Unknown
Funding for Training:	Unknown

Inventory Control Clerk

Training Specific to Employer

Employer Address	
Training Location:	Employer
Level of Classification Available:	Entry
Classification Type:	Vocational
Job Description:	
Salary Range:	$12.80/hour
Training Prerequisites:	On the Job
Prerequisite Information	Specific to Employer
# of seats per training session:	Not Applicable
# currently employed:	5
Delivery Method:	Workplace Training
Length:	Unknown
Funding for Training:	Unknown

Janitor

Training Specific to Employer

Employer Address

Training Location: Employer

Level of Classification Available: Entry

Classification Type: Vocational

Job Description:

Salary Range: $11.42 - $11.77/hour

Training Prerequisites: On the Job

Prerequisite Information Specific to Employer

# of seats per training session: Not Applicable

# currently employed: 31

Delivery Method: Workplace Training

Length: Unknown

Funding for Training: Unknown

Journeyman Carpenter

Saskatchewan Institute of Applied Science and Technology

Kelsey Campus, PO Box 1520, Saskatoon, SK SK7 3R5, Tel: 1-800-567-3263 or (306) 933-6440,
www.siast.sk.ca

Training Location: SIAST-Palliser, Woodland, Woodland Meadow Lake

Level of Classification Available: Entry

Classification Type: Technical

Job Description:

Salary Range: $18.97 - $19.01/hour

Training Prerequisites: Certificate + Apprenticeship

Prerequisite Information Carpenter

# of seats per training session: 31

# currently employed: 17

Delivery Method: Classroom/Workplace

Length: 4 year with 7 weeks per year occurring at SIAST

Funding for Training: Tuition $1,800 for 30 weeks ($60 for each additional week of training)

Journeyman Cook

Saskatchewan Institute of Applied Science and Technology

Kelsey Campus, PO Box 1520, Saskatoon, SK SK7 3R5, Tel: 1-800-567-3263 or (306) 933-6440,
www.siast.sk.ca

Training Location:	SIAST-Palliser, Woodland, Kelsey
Level of Classification Available:	Entry
Classification Type:	Technical
Job Description:	
Salary Range:	$13.48/hour
Training Prerequisites:	Certificate + Apprenticeship
Prerequisite Information	Journeyman Cook
# of seats per training session:	90
# currently employed:	22
Delivery Method:	Classroom/Workplace
Length:	3 year with 40 days per year occurring at SIAST
Funding for Training:	Tuition $2,350

Journeyman Plumber

Saskatchewan Institute of Applied Science and Technology

Kelsey Campus, PO Box 1520, Saskatoon, SK SK7 3R5, Tel: 1-800-567-3263 or (306) 933-6440,
www.siast.sk.ca

Training Location:	SIAST-Kelsey (Off Campus Programming
Level of Classification Available:	Entry
Classification Type:	Technical
Job Description:	
Salary Range:	$20.33 - $20.35/hour
Training Prerequisites:	Certificate + Apprenticeship
Prerequisite Information	Plumber
# of seats per training session:	Not Available
# currently employed:	10
Delivery Method:	Classroom/Workplace
Length:	4 year with training at SIAST occurring for Level 1&2 (8 weeks); Level
Funding for Training:	Not Available

Kitchen Aide

Training Specific to Employer

Employer Address

Training Location:	Employer
Level of Classification Available:	Entry
Classification Type:	Vocational
Job Description:	
Salary Range:	
Training Prerequisites:	On the Job
Prerequisite Information	Specific to Employer
# of seats per training session:	Not Applicable
# currently employed:	57
Delivery Method:	Workplace Training
Length:	Unknown
Funding for Training:	Unknown

Lab Technologist II (Cytotechnologist)

Saskatchewan Institute of Applied Science and Technology

Kelsey Campus, PO Box 1520, Saskatoon, SK SK7 3R5, Tel: 1-800-567-3263 or (306) 933-6440,
www.siast.sk.ca

Training Location:	SIAST-Kelsey
Level of Classification Available:	Entry, II
Classification Type:	Technical
Job Description:	
Salary Range:	$19.49/hour
Training Prerequisites:	Diploma - Medical Lab Tech
Prerequisite Information	Medical Laboratory Technology
# of seats per training session:	16
# currently employed:	3
Delivery Method:	Classroom/Hands-On
Length:	80 week
Funding for Training:	Tuition $4,100

Laboratory - Morgue Attendant

Training Specific to Employer

Employer Address

Training Location: Employer

Level of Classification Available: Entry

Classification Type: Vocational

Job Description:

Salary Range:

Training Prerequisites: On the Job

Prerequisite Information Specific to Employer

# of seats per training session: Not Applicable

# currently employed: 2

Delivery Method: Workplace Training

Length: Unknown

Funding for Training: Unknown

Laboratory /X-Ray Associate

Saskatchewan Institute of Applied Science and Technology

Kelsey Campus, PO Box 1520, Saskatoon, SK SK7 3R5, Tel: 1-800-567-3263 or (306) 933-6440, www.siast.sk.ca

Training Location: SIAST-Kelsey

Level of Classification Available: Entry

Classification Type: Technical

Job Description:

Salary Range: $16.27hour

Training Prerequisites: Certificate

Prerequisite Information Combined Laboratory and X-Ray Technician, certified by the Department of Education

# of seats per training session: 16

# currently employed: 1

Delivery Method: Classroom/Hands-On/Practicum

Length: 56 week

Funding for Training: Tuition $2,600

Laboratory Aide

Training Specific to Employer

Employer Address

Training Location:	Employer
Level of Classification Available:	Entry, I
Classification Type:	Technical
Job Description:	
Salary Range:	$11.46 - $12.43/hour
Training Prerequisites:	On the Job
Prerequisite Information	Specific to Employer
# of seats per training session:	Not Applicable
# currently employed:	20
Delivery Method:	Workplace Training
Length:	Unknown
Funding for Training:	Unknown

Laboratory Aide I

Training Specific to Employer

Employer Address

Training Location:	Employer
Level of Classification Available:	Entry, I
Classification Type:	Technical
Job Description:	
Salary Range:	$11.48/hour
Training Prerequisites:	On the Job
Prerequisite Information	Specific to Employer
# of seats per training session:	Not Applicable
# currently employed:	6
Delivery Method:	Workplace Training
Length:	Unknown
Funding for Training:	Unknown

Laboratory Attendant II

Training Specific to Employer

Employer Address

Training Location: Employer

Level of Classification Available: Entry, II

Classification Type: Technical

Job Description:

Salary Range:

Training Prerequisites: On the Job

Prerequisite Information Specific to Employer

# of seats per training session: Not Applicable

# currently employed:

Delivery Method: Workplace Training

Length: Unknown

Funding for Training: Unknown

Laboratory Technician

Saskatchewan Institute of Applied Science and Technology

Kelsey Campus, PO Box 1520, Saskatoon, SK SK7 3R5, Tel: 1-800-567-3263 or (306) 933-6440,
www.siast.sk.ca

Training Location: SIAST-Kelsey

Level of Classification Available: Entry, II

Classification Type: Technical

Job Description:

Salary Range: $17.79/hour

Training Prerequisites: Certificate

Prerequisite Information Medical Laboratory Technology Diploma

# of seats per training session: 16

# currently employed: 13

Delivery Method: Classroom/Hands-On

Length: 80 week

Funding for Training: Tuition $4,100

Laboratory Technician II

Saskatchewan Institute of Applied Science and Technology

Kelsey Campus, PO Box 1520, Saskatoon, SK SK7 3R5, Tel: 1-800-567-3263 or (306) 933-6440, www.siast.sk.ca

Training Location: SIAST-Kelsey

Level of Classification Available: Entry, II

Classification Type: Technical

Job Description:

Salary Range: $19.49/hour

Training Prerequisites: Certificate

Prerequisite Information Medical Laboratory Technology Diploma

# of seats per training session: 16

# currently employed:

Delivery Method: Classroom/Hands-On

Length: 80 week

Funding for Training: Tuition $4,100

Laboratory Technologist

Saskatchewan Institute of Applied Science and Technology

Kelsey Campus, PO Box 1520, Saskatoon, SK SK7 3R5, Tel: 1-800-567-3263 or (306) 933-6440, www.siast.sk.ca

Training Location: SIAST-Kelsey

Level of Classification Available: Entry, I, II, III

Classification Type: Technical

Job Description:

Salary Range: $17.79/hour

Training Prerequisites: Diploma - Medical Lab Tech

Prerequisite Information Medical Laboratory Technology Diploma

# of seats per training session: 16

# currently employed:

Delivery Method: Classroom/Hands-On

Length: 80 week

Funding for Training: Tuition $4,100

Laboratory Technologist I

Saskatchewan Institute of Applied Science and Technology

Kelsey Campus, PO Box 1520, Saskatoon, SK SK7 3R5, Tel: 1-800-567-3263 or (306) 933-6440,
www.siast.sk.ca

Training Location:	SIAST-Kelsey
Level of Classification Available:	Entry, I, II, III
Classification Type:	Technical
Job Description:	
Salary Range:	$16.77/hour
Training Prerequisites:	Diploma - Medical Lab Tech
Prerequisite Information	Medical Laboratory Technology Diploma
# of seats per training session:	16
# currently employed:	357
Delivery Method:	Classroom/Hands-On
Length:	80 week
Funding for Training:	Tuition $4,100

Laboratory Technologist II

Saskatchewan Institute of Applied Science and Technology

Kelsey Campus, PO Box 1520, Saskatoon, SK SK7 3R5, Tel: 1-800-567-3263 or (306) 933-6440,
www.siast.sk.ca

Training Location:	SIAST-Kelsey
Level of Classification Available:	Entry, I, II, III
Classification Type:	Technical
Job Description:	
Salary Range:	$19.10/hour
Training Prerequisites:	Diploma - Medical Lab Tech
Prerequisite Information	Medical Laboratory Technology Diploma
# of seats per training session:	16
# currently employed:	31
Delivery Method:	Classroom/Hands-On
Length:	80 week
Funding for Training:	Tuition $4,100

Laboratory Technologist III

Saskatchewan Institute of Applied Science and Technology

Kelsey Campus, PO Box 1520, Saskatoon, SK SK7 3R5, Tel: 1-800-567-3263 or (306) 933-6440,
www.siast.sk.ca

Training Location:	SIAST-Kelsey
Level of Classification Available:	Entry, I, II, III
Classification Type:	Technical
Job Description:	
Salary Range:	$21.66/hour
Training Prerequisites:	Diploma - Medical Lab Tech
Prerequisite Information	Medical Laboratory Technology Diploma
# of seats per training session:	16
# currently employed:	6
Delivery Method:	Classroom/Hands-On
Length:	80 week
Funding for Training:	Tuition $4,100

Laundry Aide

Training Specific to Employer

Employer Address

Training Location:	Employer
Level of Classification Available:	Entry
Classification Type:	Vocational
Job Description:	
Salary Range:	$11.43 - $11.77/hour
Training Prerequisites:	On the Job
Prerequisite Information	Specific to Employer
# of seats per training session:	Not Applicable
# currently employed:	451
Delivery Method:	Workplace Training
Length:	Unknown
Funding for Training:	Unknown

Library Technician

Saskatchewan Institute of Applied Science and Technology

Kelsey Campus, PO Box 1520, Saskatoon, SK SK7 3R5, Tel: 1-800-567-3263 or (306) 933-6440, www.siast.sk.ca

Training Location:	SIAST-Kelsey
Level of Classification Available:	Entry
Classification Type:	Technical
Job Description:	
Salary Range:	$14.36 - $15.11/hour
Training Prerequisites:	Certificate
Prerequisite Information	Library Information Technology
# of seats per training session:	30
# currently employed:	7
Delivery Method:	Classroom/Workplace
Length:	2 year
Funding for Training:	Tuition $1,650

Licensed Practical Nurses

Saskatchewan Institute of Applied Science and Technology

PO Box 556, Regina, SK S4P 3A3, Tel: 1-800-667-7730 or (306) 787-4314, www.siast.sk.ca

Training Location:	SIAST-Wascana, Woodland
Level of Classification Available:	Entry
Classification Type:	Technical
Job Description:	
Salary Range:	$14.08 - $14.81/hour
Training Prerequisites:	Certificate
Prerequisite Information	Practical Nursing Certificate, student eligible to write for Licensed Practical Nurse in Saskatchewan
# of seats per training session:	48 Woodland, Wascana numbers not available
# currently employed:	1,578
Delivery Method:	Classroom/Workplace
Length:	45 week
Funding for Training:	Tuition $2,300

Licensed Practical Nurses - OR

Saskatchewan Institute of Applied Science and Technology

PO Box 556, Regina, SK S4P 3A3, Tel: 1-800-667-7730 or (306) 787-4314, www.siast.sk.ca

Training Location:	SIAST-Wascana, Woodland
Level of Classification Available:	Entry
Classification Type:	Technical
Job Description:	
Salary Range:	$15.37/hour
Training Prerequisites:	Certificate + O-T-J
Prerequisite Information	Practical Nursing Certificate, student eligible to write for Licensed Practical Nurse in Saskatchewan
# of seats per training session:	48 Woodland, Wascana numbers not available
# currently employed:	
Delivery Method:	Classroom/Workplace
Length:	45 week
Funding for Training:	Tuition $2,300

LPN

Saskatchewan Institute of Applied Science and Technology

PO Box 556, Regina, SK S4P 3A3, Tel: 1-800-667-7730 or (306) 787-4314, www.siast.sk.ca

Training Location:	SIAST-Wascana, Woodland
Level of Classification Available:	Entry
Classification Type:	Technical
Job Description:	
Salary Range:	$14.36 - $14.65/hour
Training Prerequisites:	Certificate
Prerequisite Information	Practical Nursing Certificate, student eligible to write for Licensed Practical Nurse in Saskatchewan
# of seats per training session:	48 Woodland, Wascana numbers not available
# currently employed:	
Delivery Method:	Classroom/Workplace
Length:	45 week
Funding for Training:	Tuition $2,300

Machine Operator

Training Specific to Employer

Employer Address

Training Location:	Employer
Level of Classification Available:	Entry
Classification Type:	Technical
Job Description:	
Salary Range:	$16.10/hour
Training Prerequisites:	On the Job
Prerequisite Information	Specific to Employer
# of seats per training session:	Not Applicable
# currently employed:	3
Delivery Method:	Workplace Training
Length:	Unknown
Funding for Training:	Unknown

Maintenance Engineer V

Saskatchewan Institute of Applied Science and Technology

PO Box 556, Regina, SK S4P 3A3, Tel: 1-800-667-7730 or (306) 787-4314, www.siast.sk.ca

Training Location:	SIAST-Wascana
Level of Classification Available:	I, II, III, IV, V
Classification Type:	Technical
Job Description:	
Salary Range:	$13.49 - $14.36/hour
Training Prerequisites:	Certificate or Diploma (Building Systems)
Prerequisite Information	Building Systems Operator Certificate or Building Systems Technician Certificate
# of seats per training session:	25
# currently employed:	8
Delivery Method:	Classroom/Hands-On
Length:	40-65 week
Funding for Training:	Tuition $2,200-$2,700

Maintenance Mechanic I

Saskatchewan Institute of Applied Science and Technology

PO Box 556, Regina, SK S4P 3A3, Tel: 1-800-667-7730 or (306) 787-4314, www.siast.sk.ca

Training Location:	SIAST-Wascana
Level of Classification Available:	I, II, III, IV, V
Classification Type:	Technical
Job Description:	
Salary Range:	$13.41/hour
Training Prerequisites:	Certificate or Diploma (Building Systems)
Prerequisite Information	Building Systems Operator Certificate or Building Systems Technician Certificate
# of seats per training session:	25
# currently employed:	146
Delivery Method:	Classroom/Hands-On
Length:	40-65 week
Funding for Training:	Tuition $2,200-$2,700

Maintenance Mechanic II

Saskatchewan Institute of Applied Science and Technology

PO Box 556, Regina, SK S4P 3A3, Tel: 1-800-667-7730 or (306) 787-4314, www.siast.sk.ca

Training Location:	SIAST-Wascana
Level of Classification Available:	I, II, III, IV, V
Classification Type:	Technical
Job Description:	
Salary Range:	$13.35 - $16.22/hour
Training Prerequisites:	Certificate or Diploma (Building Systems)
Prerequisite Information	Building Systems Operator Certificate or Building Systems Technician Certificate
# of seats per training session:	25
# currently employed:	5
Delivery Method:	Classroom/Hands-On
Length:	40-65 week
Funding for Training:	Tuition $2,200-$2,700

Maintenance Mechanic III

Saskatchewan Institute of Applied Science and Technology

PO Box 556, Regina, SK S4P 3A3, Tel: 1-800-667-7730 or (306) 787-4314, www.siast.sk.ca

Training Location:	SIAST-Wascana
Level of Classification Available:	I, II, III, IV, V
Classification Type:	Technical
Job Description:	
Salary Range:	$17.73/hour
Training Prerequisites:	Certificate or Diploma (Building Systems)
Prerequisite Information	Building Systems Operator Certificate or Building Systems Technician Certificate
# of seats per training session:	25
# currently employed:	
Delivery Method:	Classroom/Hands-On
Length:	40-65 week
Funding for Training:	Tuition $2,200-$2,700

Maintenance Mechanic IV

Saskatchewan Institute of Applied Science and Technology

PO Box 556, Regina, SK S4P 3A3, Tel: 1-800-667-7730 or (306) 787-4314, www.siast.sk.ca

Training Location:	SIAST-Wascana
Level of Classification Available:	I, II, III, IV, V
Classification Type:	Technical
Job Description:	
Salary Range:	$18.99/hour
Training Prerequisites:	Certificate or Diploma (Building Systems)
Prerequisite Information	Building Systems Operator Certificate or Building Systems Technician Certificate
# of seats per training session:	25
# currently employed:	3
Delivery Method:	Classroom/Hands-On
Length:	40-65 week
Funding for Training:	Tuition $2,200-$2,700

Maintenance Mechanic V

Saskatchewan Institute of Applied Science and Technology

PO Box 556, Regina, SK S4P 3A3, Tel: 1-800-667-7730 or (306) 787-4314, www.siast.sk.ca

Training Location:	SIAST-Wascana
Level of Classification Available:	I, II, III, IV, V
Classification Type:	Technical
Job Description:	
Salary Range:	$20.61/hour
Training Prerequisites:	Certificate or Diploma (Building Systems)
Prerequisite Information	Building Systems Operator Certificate or Building Systems Technician Certificate
# of seats per training session:	25
# currently employed:	12
Delivery Method:	Classroom/Hands-On
Length:	40-65 week
Funding for Training:	Tuition $2,200-$2,700

Maintenance Worker

Training Specific to Employer

Employer Address

Training Location:	Employer
Level of Classification Available:	Entry
Classification Type:	Vocational
Job Description:	
Salary Range:	$13.48/hour
Training Prerequisites:	On the Job
Prerequisite Information	Specific to Employer
# of seats per training session:	Not Applicable
# currently employed:	32
Delivery Method:	Workplace Training
Length:	Unknown
Funding for Training:	Unknown

Mech IV

Saskatchewan Institute of Applied Science and Technology

Kelsey Campus, PO Box 1520, Saskatoon, SK SK7 3R5, Tel: 1-800-567-3263 or (306) 933-6440, www.siast.sk.ca

Training Location:	SIAST-Kelsey
Level of Classification Available:	I, II, III, IV, V, VI
Classification Type:	Technical
Job Description:	
Salary Range:	$18.99/hour
Training Prerequisites:	Certificate
Prerequisite Information	Industrial Mechanics: Pre-Employment Certificate
# of seats per training session:	14
# currently employed:	5
Delivery Method:	Hands-On
Length:	32 week
Funding for Training:	Tuition $2,050

Mech V (Electronics)

Saskatchewan Institute of Applied Science and Technology

Saskatchewan Street & 6th Avenue N.W., PO Box 1420, Moose Jaw, SK S6H 4R4, Tel: (306) 694-3200, Fax: (306) 693-3321, www.siast.sk.ca

Training Location:	SIAST-Palliser, Wascana, Woodland
Level of Classification Available:	I, II, III, IV, V, VI
Classification Type:	Technical
Job Description:	
Salary Range:	$20.61/hour
Training Prerequisites:	Certificate + Apprenticeship
Prerequisite Information	Electronics Technician
# of seats per training session:	24
# currently employed:	
Delivery Method:	Classroom/Workplace
Length:	4 year with 6-7 weeks per year of occurring at SIAST
Funding for Training:	Not Available

Mech V (HVAC Controls)

Saskatchewan Institute of Applied Science and Technology

Kelsey Campus, PO Box 1520, Saskatoon, SK SK7 3R5, Tel: 1-800-567-3263 or (306) 933-6440, www.siast.sk.ca

Training Location: SIAST-Kelsey

Level of Classification Available: I, II, III, IV, V, VI

Classification Type: Technical

Job Description:

Salary Range: $20.61/hour

Training Prerequisites: Certificate + Apprenticeship

Prerequisite Information Journeyman Refrigeration/Refrigeration Mechanic

# of seats per training session: 14

# currently employed:

Delivery Method: Classroom/Workplace

Length: 4 year with 8 weeks per year occuring at SIAST

Funding for Training: Not Available

Mech V (Journeyman Electrician)

Saskatchewan Institute of Applied Science and Technology

Saskatchewan Street & 6th Avenue N.W., PO Box 1420, Moose Jaw, SK S6H 4R4, Tel: (306) 694-3200, Fax: (306) 693-3321, www.siast.sk.ca

Training Location: SIAST-Palliser, Woodland

Level of Classification Available: I, II, III, IV, V, VI

Classification Type: Technical

Job Description:

Salary Range: $20.61/hour

Training Prerequisites: Certificate + Apprenticeship

Prerequisite Information Electrician: Pre-Employment Certificate, graduate are granted first 4 levels in the apprecticeship program by the Saskatchewan

# of seats per training session: 36

# currently employed:

Delivery Method: Classroom/Hands-On

Length: 24 week

Funding for Training: Tuition $1,500

Mech V (Journeyman Industrial)

Saskatchewan Institute of Applied Science and Technology

Kelsey Campus, PO Box 1520, Saskatoon, SK SK7 3R5, Tel: 1-800-567-3263 or (306) 933-6440, www.siast.sk.ca

Training Location:	SIAST-Kelsey
Level of Classification Available:	I, II, III, IV, V, VI
Classification Type:	Technical
Job Description:	
Salary Range:	$20.33/hour
Training Prerequisites:	Certificate + Apprenticeship
Prerequisite Information	Industrial Mechanic (Millwright)
# of seats per training session:	14
# currently employed:	
Delivery Method:	Classroom/Workplace
Length:	4 year with 8 weeks per year occuring at SIAST
Funding for Training:	Not Available

Mech V (Journeyman Plumber)

Saskatchewan Institute of Applied Science and Technology

Kelsey Campus, PO Box 1520, Saskatoon, SK SK7 3R5, Tel: 1-800-567-3263 or (306) 933-6440, www.siast.sk.ca

Training Location:	SIAST-Kelsey (Off Campus Programming)
Level of Classification Available:	I, II, III, IV, V, VI
Classification Type:	Technical
Job Description:	
Salary Range:	$20.33/hour
Training Prerequisites:	Certificate + Apprenticeship
Prerequisite Information	Plumber
# of seats per training session:	Not Available
# currently employed:	
Delivery Method:	Classroom/Workplace
Length:	4 year with training at SIAST occurring for Level 1&2 (8 weeks); Level
Funding for Training:	Not Available

Mech V (Journeyman Refrigeration)

Saskatchewan Institute of Applied Science and Technology

Kelsey Campus, PO Box 1520, Saskatoon, SK SK7 3R5, Tel: 1-800-567-3263 or (306) 933-6440,
www.siast.sk.ca

Training Location: SIAST-Kelsey

Level of Classification Available: I, II, III, IV, V, VI

Classification Type: Technical

Job Description:

Salary Range: $20.33/hour

Training Prerequisites: Certificate + Apprenticeship

Prerequisite Information Refrigeration Mechanic

# of seats per training session: 14

# currently employed: 1

Delivery Method: Classroom/Workplace

Length: 4 year with training at SIAST occurring for Level 1(8 weeks); Level

Funding for Training: Not Available

Mech VI (Supervisor)

Saskatchewan Institute of Applied Science and Technology

Kelsey Campus, PO Box 1520, Saskatoon, SK SK7 3R5, Tel: 1-800-567-3263 or (306) 933-6440,
www.siast.sk.ca

Training Location: SIAST-Kelsey

Level of Classification Available: I, II, III, IV, V, VI

Classification Type: Technical

Job Description:

Salary Range: $23.85/hour

Training Prerequisites: Certificate + Apprenticeship

Prerequisite Information Industrial Mechanic (Millwright)

# of seats per training session: 14

# currently employed:

Delivery Method: Classroom/Workplace

Length: 4 year with 8 weeks per year occuring at SIAST

Funding for Training: Not Available

Mechanic III

Saskatchewan Institute of Applied Science and Technology

Kelsey Campus, PO Box 1520, Saskatoon, SK SK7 3R5, Tel: 1-800-567-3263 or (306) 933-6440, www.siast.sk.ca

Training Location:	SIAST-Kelsey
Level of Classification Available:	I, II, III, IV, V, VI
Classification Type:	Technical
Job Description:	
Salary Range:	$17.73/hour
Training Prerequisites:	Certificate
Prerequisite Information	Industrial Mechanics: Pre-Employment Certificate
# of seats per training session:	14
# currently employed:	26
Delivery Method:	Hands-On
Length:	32 week
Funding for Training:	Tuition $2,050

Mechanical Technologist

Saskatchewan Institute of Applied Science and Technology

Kelsey Campus, PO Box 1520, Saskatoon, SK SK7 3R5, Tel: 1-800-567-3263 or (306) 933-6440, www.siast.sk.ca

Training Location:	SIAST-Kelsey
Level of Classification Available:	Entry
Classification Type:	Technical
Job Description:	
Salary Range:	
Training Prerequisites:	None listed
Prerequisite Information	Industrial Mechanics: Pre-Employment Certificate
# of seats per training session:	14
# currently employed:	
Delivery Method:	Hands-On
Length:	32 week
Funding for Training:	Tuition $2,050

Medical Laboratory Technologists

Saskatchewan Institute of Applied Science and Technology

Kelsey Campus, PO Box 1520, Saskatoon, SK SK7 3R5, Tel: 1-800-567-3263 or (306) 933-6440, www.siast.sk.ca

Training Location: SIAST-Kelsey

Level of Classification Available: Entry

Classification Type: Technical

Job Description:

Salary Range: $17.79/hour

Training Prerequisites: Diploma

Prerequisite Information Medical Laboratory Technology Diploma

# of seats per training session: 16

# currently employed:

Delivery Method: Classroom/Hands-On

Length: 80 week

Funding for Training: Tuition $4,100

Medical Radiation Technologist

Saskatchewan Institute of Applied Science and Technology

Kelsey Campus, PO Box 1520, Saskatoon, SK SK7 3R5, Tel: 1-800-567-3263 or (306) 933-6440, www.siast.sk.ca

Training Location: SIAST-Kelsey

Level of Classification Available: Entry, I, II, III

Classification Type: Technical

Job Description:

Salary Range: $16.77/hour

Training Prerequisites: Diploma

Prerequisite Information Medical Radiologic Technology Diploma, prerequisite for further medical ultrasonography and magnetic resonance imaging (MRI)

# of seats per training session: 16

# currently employed: 3

Delivery Method: Classroom-Based

Length: 88 week

Funding for Training: Tuition $4,300

Medical Radiation Technologist I

Saskatchewan Institute of Applied Science and Technology

Kelsey Campus, PO Box 1520, Saskatoon, SK SK7 3R5, Tel: 1-800-567-3263 or (306) 933-6440, www.siast.sk.ca

Training Location:	SIAST-Kelsey
Level of Classification Available:	Entry, I, II, III
Classification Type:	Technical
Job Description:	
Salary Range:	$17.80/hour
Training Prerequisites:	Diploma
Prerequisite Information	Medical Radiologic Technology Diploma, prerequisite for further medical ultrasonography and magnetic resonance imaging (MRI)
# of seats per training session:	16
# currently employed:	19
Delivery Method:	Classroom-Based
Length:	88 week
Funding for Training:	Tuition $4,300

Medical Radiation Technologist II

Saskatchewan Institute of Applied Science and Technology

Kelsey Campus, PO Box 1520, Saskatoon, SK SK7 3R5, Tel: 1-800-567-3263 or (306) 933-6440, www.siast.sk.caKelsey Campus, PO Box 1520, Saskatoon, SK SK7 3R5, Tel: 1-800-567-3263 or (306)

Training Location:	SIAST-Kelsey
Level of Classification Available:	Entry, I, II, III
Classification Type:	Technical
Job Description:	
Salary Range:	$19.49/hour
Training Prerequisites:	Diploma
Prerequisite Information	Medical Radiologic Technology Diploma, prerequisite for further medical ultrasonography and magnetic resonance imaging (MRI)
# of seats per training session:	16
# currently employed:	7
Delivery Method:	Classroom-Based
Length:	88 week
Funding for Training:	Tuition $4,300

Medical Radiation Technologist II -C.T.

Saskatchewan Institute of Applied Science and Technology

Kelsey Campus, PO Box 1520, Saskatoon, SK SK7 3R5, Tel: 1-800-567-3263 or (306) 933-6440, www.siast.sk.ca

Training Location:	SIAST-Kelsey
Level of Classification Available:	Entry, I, II, III
Classification Type:	Technical
Job Description:	
Salary Range:	$19.49/hour
Training Prerequisites:	Diploma
Prerequisite Information	Medical Radiologic Technology Diploma, prerequisite for further medical ultrasonography and magnetic resonance imaging (MRI)
# of seats per training session:	16
# currently employed:	
Delivery Method:	Classroom-Based
Length:	88 week
Funding for Training:	Tuition $4,300

Medical Radiation Technologist III

Saskatchewan Institute of Applied Science and Technology

Kelsey Campus, PO Box 1520, Saskatoon, SK SK7 3R5, Tel: 1-800-567-3263 or (306) 933-6440, www.siast.sk.ca

Training Location:	SIAST-Kelsey
Level of Classification Available:	Entry, I, II, III
Classification Type:	Technical
Job Description:	
Salary Range:	$21.32/hour
Training Prerequisites:	Diploma
Prerequisite Information	Medical Radiologic Technology Diploma, prerequisite for further medical ultrasonography and magnetic resonance imaging (MRI)
# of seats per training session:	16
# currently employed:	5
Delivery Method:	Classroom-Based
Length:	88 week
Funding for Training:	Tuition $4,300

Medical Radiation Technologist III -C.T.

Saskatchewan Institute of Applied Science and Technology

Kelsey Campus, PO Box 1520, Saskatoon, SK SK7 3R5, Tel: 1-800-567-3263 or (306) 933-6440,
www.siast.sk.ca

Training Location:	SIAST-Kelsey
Level of Classification Available:	Entry, I, II, III
Classification Type:	Technical
Job Description:	
Salary Range:	$21.32/hour
Training Prerequisites:	Diploma
Prerequisite Information	Medical Radiologic Technology Diploma, prerequisite for further medical ultrasonography and magnetic resonance imaging (MRI)
# of seats per training session:	16
# currently employed:	
Delivery Method:	Classroom-Based
Length:	88 week
Funding for Training:	Tuition $4,300

Medical Records Clerk

Training Specific to Employer

Employer Address

Training Location:	Employer
Level of Classification Available:	Entry
Classification Type:	Vocational
Job Description:	
Salary Range:	$12.43 - $13.91/hour
Training Prerequisites:	On the Job
Prerequisite Information	Specific to Employer
# of seats per training session:	Not Applicable
# currently employed:	118
Delivery Method:	Workplace Training
Length:	Unknown
Funding for Training:	Unknown

Medical Records Secretary

Training Specific to Employer

Employer Address

Training Location: Employer

Level of Classification Available: Entry

Classification Type: Vocational

Job Description:

Salary Range: $12.43/hour

Training Prerequisites: On the Job

Prerequisite Information Specific to Employer

# of seats per training session: Not Applicable

# currently employed: 2

Delivery Method: Workplace Training

Length: Unknown

Funding for Training: Unknown

Medical Records Technician

Saskatchewan Institute of Applied Science and Technology

PO Box 556, Regina, SK S4P 3A3, Tel: 1-800-667-7730 or (306) 787-4314, www.siast.sk.ca

Training Location: SIAST-Wascana

Level of Classification Available: Entry

Classification Type: Technical

Job Description:

Salary Range: $13.49 - $14.36/hour

Training Prerequisites: Certificate

Prerequisite Information Health Information Services Certificate

# of seats per training session: 17

# currently employed: 144

Delivery Method: Classroom-Based

Length: 45 week

Funding for Training: Tuition $2,200

Medical Steno IV

Saskatchewan Institute of Applied Science and Technology

1100-15th Street N, Box 3003, Prince Albert, SK S6V 6G1, Tel:1-800-667-9664 or (306) 953-7000,
www.siast,sk,ca

Training Location:	SIAST-Woodland
Level of Classification Available:	I, II, III, IV
Classification Type:	Vocational
Job Description:	
Salary Range:	$14.35/hour
Training Prerequisites:	Certificate
Prerequisite Information	Medical Stenographers
# of seats per training session:	Certificate
# currently employed:	1
Delivery Method:	Classroom-Based
Length:	46 week
Funding for Training:	Not Available

Morgue Attendant

Training Specific to Employer

Employer Address

Training Location:	Employer
Level of Classification Available:	Entry
Classification Type:	Vocational
Job Description:	
Salary Range:	$14.36 - $15.75/hour
Training Prerequisites:	On the Job
Prerequisite Information	Specific to Employer
# of seats per training session:	Not Applicable
# currently employed:	
Delivery Method:	Workplace Training
Length:	Unknown
Funding for Training:	Unknown

Native Liason Worker

Saskatchewan Indian Federated College

College West 126, University of Regina, 3737 Wascana Parkway, Regina, SK S4S 0A2, Tel: (306) 779-6227

Training Location: SIFC

Level of Classification Available: Entry
Classification Type: Professional
Job Description:

Salary Range: $13.13/hour
Training Prerequisites: Degree
Prerequisite Information

# of seats per training session:
# currently employed: 1
Delivery Method:
Length:
Funding for Training:

Nurse I (Grade No.3010+915+916+999)

Training Location:

Level of Classification Available: I, II, III, IV
Classification Type: Professional
Job Description:

Salary Range: $19.89/hour
Training Prerequisites:
Prerequisite Information

# of seats per training session: 240
# currently employed: 6,988
Delivery Method:
Length:
Funding for Training:

Nurse II (Grade No.3020+917)

Training Location:	
Level of Classification Available:	I, II, III, IV
Classification Type:	Professional
Job Description:	
Salary Range:	$21.19/hour
Training Prerequisites:	
Prerequisite Information	
# of seats per training session:	240
# currently employed:	186
Delivery Method:	
Length:	
Funding for Training:	

Nurse III (Grade No. 3050+829+ 912+914)

Training Location:	
Level of Classification Available:	I, II, III, IV
Classification Type:	Professional
Job Description:	
Salary Range:	$21.37/hour
Training Prerequisites:	
Prerequisite Information	
# of seats per training session:	240
# currently employed:	360
Delivery Method:	
Length:	
Funding for Training:	

Nurse IV (Grade No. 3030+891+913)

Training Location:

Level of Classification Available: I, II, III, IV

Classification Type: Professional

Job Description:

Salary Range: $22.61/hour

Training Prerequisites:

Prerequisite Information

# of seats per training session: 240

# currently employed: 164

Delivery Method:

Length:

Funding for Training:

Nurses Aide

Saskatchewan Institute of Applied Science and Technology

Kelsey Campus, PO Box 1520, Saskatoon, SK SK7 3R5, Tel: 1-800-567-3263 or (306) 933-6440,
www.siast.sk.ca

Training Location: SIAST-Kelsey (Campus Extension/Outreach/Off Campus Programs)

Level of Classification Available: Entry, II

Classification Type: Technical

Job Description:

Salary Range: $13.13 - $13.49/hour

Training Prerequisites: Certificate, Home Care Aid/ Special Care

Prerequisite Information c

# of seats per training session: 16

# currently employed: 1,371

Delivery Method: Classroom/Clinical/Practicum/Workplace

Length: 30 week

Funding for Training: Tuition $250+cost for on the job instructor

Nurses Aide II

Saskatchewan Institute of Applied Science and Technology

Kelsey Campus, PO Box 1520, Saskatoon, SK SK7 3R5, Tel: 1-800-567-3263 or (306) 933-6440, www.siast.sk.ca

Training Location:	SIAST-Kelsey (Campus Extension/Outreach/Off Campus Programs)
Level of Classification Available:	Entry, II
Classification Type:	Technical
Job Description:	
Salary Range:	$13.91/hour
Training Prerequisites:	Certificate, Home Care Aid/ Special Care
Prerequisite Information	Home Care/Special Care Aide Certificate
# of seats per training session:	16
# currently employed:	101
Delivery Method:	Classroom/Clinical/Practicum/Workplace
Length:	30 week
Funding for Training:	Tuition $250+cost for on the job instructor

Nursing Attendant

Training Specific to Employer

Employer Address

Training Location:	Employer
Level of Classification Available:	Entry
Classification Type:	Vocational
Job Description:	
Salary Range:	$13.31/hour
Training Prerequisites:	On the Job
Prerequisite Information	Specific to Employer
# of seats per training session:	Not Applicable
# currently employed:	205
Delivery Method:	Workplace Training
Length:	Unknown
Funding for Training:	Unknown

Nursing Clerk

Training Specific to Employer

Employer Address

Training Location:	Employer
Level of Classification Available:	Entry
Classification Type:	Vocational
Job Description:	
Salary Range:	$15.37/hour
Training Prerequisites:	On the Job
Prerequisite Information	Specific to Employer
# of seats per training session:	Not Applicable
# currently employed:	87
Delivery Method:	Workplace Training
Length:	Unknown
Funding for Training:	Unknown

Nursing Orderly

Training Specific to Employer

Employer Address

Training Location:	Employer
Level of Classification Available:	Entry
Classification Type:	Vocational
Job Description:	
Salary Range:	$14.36/hour
Training Prerequisites:	On the Job
Prerequisite Information	Specific to Employer
# of seats per training session:	Not Applicable
# currently employed:	9
Delivery Method:	Workplace Training
Length:	Unknown
Funding for Training:	Unknown

Nutrition Service Clerk

Training Specific to Employer

Employer Address

Training Location:	Employer
Level of Classification Available:	Entry
Classification Type:	Vocational
Job Description:	
Salary Range:	
Training Prerequisites:	On the Job
Prerequisite Information	Specific to Employer
# of seats per training session:	Not Applicable
# currently employed:	6
Delivery Method:	Workplace Training
Length:	Unknown
Funding for Training:	Unknown

Occupational Health Nurses

University of Saskatchewan

Office of the Registrar, University of Saskatchewan, 105 Administration Place, Saskatoon, SK S7N 5A2, Tel: (306) 966-6760, E-mail: registrar@usask.ca, Web: www.sask.ca/registrar

Training Location:	U of S
Level of Classification Available:	Entry
Classification Type:	Professional
Job Description:	
Salary Range:	
Training Prerequisites:	Degree
Prerequisite Information	Nursing Education Program of Saskatchewan
# of seats per training session:	240
# currently employed:	
Delivery Method:	Classroom/Hands-On/Practicum
Length:	4 year with year 1&2 at SIAST; Year 3&4 at U of S
Funding for Training:	Tuition $13,900

Occupational Health Nurses

Saskatchewan Institute of Applied Science and Technology

Kelsey Campus, PO Box 1520, Saskatoon, SK SK7 3R5, Tel: 1-800-567-3263 or (306) 933-6440,
www.siast.sk.ca

Training Location:	SIAST-Kelsey, Wascana
Level of Classification Available:	Entry
Classification Type:	Professional
Job Description:	
Salary Range:	
Training Prerequisites:	Degree
Prerequisite Information	Nursing Education Program of Saskatchewan
# of seats per training session:	240
# currently employed:	
Delivery Method:	Classroom/Practicum
Length:	4 year with year 1&2 at SIAST; Year 3&4 at U of S
Funding for Training:	Tuition $13,900

Occupational Therapist

University of Saskatchewan

Office of the Registrar, University of Saskatchewan, 105 Administration Place, Saskatoon, SK S7N
5A2, Tel: (306) 966-6760, E-mail: registrar@usask.ca, Web: www.sask.ca/registrar

Training Location:	U of S
Level of Classification Available:	Entry
Classification Type:	Professional
Job Description:	
Salary Range:	$19.01/hour
Training Prerequisites:	Degree
Prerequisite Information	Bachelor of Science in Physical Therapy
# of seats per training session:	Not Available
# currently employed:	401
Delivery Method:	Classroom/Practicum
Length:	5 year
Funding for Training:	Tuition $3,974.00 per year

Occupational Therapist Assistants/Attendants

Saskatchewan Institute of Applied Science and Technology

PO Box 556, Regina, SK S4P 3A3, Tel: 1-800-667-7730 or (306) 787-4314, www.siast.sk.ca

Training Location:	SIAST-Wascana
Level of Classification Available:	Entry
Classification Type:	Technical
Job Description:	
Salary Range:	$13.48/hour
Training Prerequisites:	Certificate
Prerequisite Information	Occupational Therapist Assistant/Physical Therapist Assistant
# of seats per training session:	14
# currently employed:	
Delivery Method:	Classroom/Hands-On/Workplace
Length:	40 week
Funding for Training:	Tuition $2,100

Operating Room Attendant

Saskatchewan Institute of Applied Science and Technology

PO Box 556, Regina, SK S4P 3A3, Tel: 1-800-667-7730 or (306) 787-4314, www.siast.sk.ca

Training Location:	SIAST-Wascana, Woodland
Level of Classification Available:	Entry
Classification Type:	Technical
Job Description:	
Salary Range:	$16.27/hour
Training Prerequisites:	LPN + In-House
Prerequisite Information	Practical Nursing Certificate, student eligible to write for Licensed Practical Nurse in Saskatchewan
# of seats per training session:	48 Woodland, Wascana numbers not available
# currently employed:	14
Delivery Method:	Classroom/Workplace
Length:	45 week
Funding for Training:	Tuition $2,300

Operating Room Technicians

Saskatchewan Institute of Applied Science and Technology

PO Box 556, Regina, SK S4P 3A3, Tel: 1-800-667-7730 or (306) 787-4314, www.siast.sk.ca

Training Location:	SIAST-Wascana, Woodland
Level of Classification Available:	Entry
Classification Type:	Technical
Job Description:	
Salary Range:	$14.81- $17.32/hour
Training Prerequisites:	LPN + In-House
Prerequisite Information	Practical Nursing Certificate, student eligible to write for Licensed Practical Nurse in Saskatchewan
# of seats per training session:	48 Woodland, Wascana numbers not available
# currently employed:	75
Delivery Method:	Classroom/Workplace
Length:	45 week
Funding for Training:	Tuition $2,300

Ophthalmic Assistant

University of Saskatchewan

Office of the Registrar, University of Saskatchewan, 105 Administration Place, Saskatoon, SK S7N 5A2, Tel: (306) 966-6760, E-mail: registrar@usask.ca, Web: www.sask.ca/registrar

Training Location:	U of S
Level of Classification Available:	Entry
Classification Type:	Technical
Job Description:	
Salary Range:	$13.49/hour
Training Prerequisites:	Degree
Prerequisite Information	Doctor of Medicine
# of seats per training session:	55
# currently employed:	8
Delivery Method:	Classroom/Clerkship
Length:	6 year
Funding for Training:	Variable

Ophthalmic Medical Photographer

University of Saskatchewan

Office of the Registrar, University of Saskatchewan, 105 Administration Place, Saskatoon, SK S7N 5A2, Tel: (306) 966-6760, E-mail: registrar@usask.ca, Web: www.sask.ca/registrar

Training Location:	U of S
Level of Classification Available:	Entry
Classification Type:	Technical
Job Description:	
Salary Range:	$14.83/hour
Training Prerequisites:	Degree
Prerequisite Information	Doctor of Medicine
# of seats per training session:	55
# currently employed:	2
Delivery Method:	Classroom/Clerkship
Length:	6 year
Funding for Training:	Variable

Ophthalmic Technician

University of Saskatchewan

Office of the Registrar, University of Saskatchewan, 105 Administration Place, Saskatoon, SK S7N 5A2, Tel: (306) 966-6760, E-mail: registrar@usask.ca, Web: www.sask.ca/registrar

Training Location:	U of S
Level of Classification Available:	Entry
Classification Type:	Technical
Job Description:	
Salary Range:	
Training Prerequisites:	Degree
Prerequisite Information	Doctor of Medicine
# of seats per training session:	55
# currently employed:	
Delivery Method:	Classroom/Clerkship
Length:	6 year
Funding for Training:	Variable

Orderly

Saskatchewan Institute of Applied Science and Technology

Kelsey Campus, PO Box 1520, Saskatoon, SK SK7 3R5, Tel: 1-800-567-3263 or (306) 933-6440, www.siast.sk.ca

Training Location:	SIAST-Kelsey (Campus Extension/Outreach/Off Campus Programs)
Level of Classification Available:	I, II, III
Classification Type:	Vocational
Job Description:	
Salary Range:	$11.81 - $14.32/hour
Training Prerequisites:	Certificate, Home Care Aid/ Special Care
Prerequisite Information	Home Care/Special Care Aide Certificate
# of seats per training session:	16
# currently employed:	29
Delivery Method:	Classroom/Clinical/Practicum/Workplace
Length:	30 week
Funding for Training:	Tuition $250+cost for on the job instructor

Orderly III

Saskatchewan Institute of Applied Science and Technology

Kelsey Campus, PO Box 1520, Saskatoon, SK SK7 3R5, Tel: 1-800-567-3263 or (306) 933-6440, www.siast.sk.ca

Training Location:	SIAST-Kelsey (Campus Extension/Outreach/Off Campus Programs)
Level of Classification Available:	I, II, III
Classification Type:	Vocational
Job Description:	
Salary Range:	
Training Prerequisites:	Certificate, Home Care Aid/ Special Care
Prerequisite Information	Home Care/Special Care Aide Certificate
# of seats per training session:	16
# currently employed:	
Delivery Method:	Classroom/Clinical/Practicum/Workplace
Length:	30 week
Funding for Training:	Tuition $250+cost for on the job instructor

Orthopaedic Technologist

Career Canada College

117 Eglinton Ave. E., Second Floor., Toronto, Ontario M4P 1H4, (416) 483-6133, Fax: (416) 483-1973

Training Location: Toroonto

Level of Classification Available: Entry

Classification Type: Technical

Job Description:

Salary Range: $17.58/hour

Training Prerequisites: Diploma

Prerequisite Information Orthopaedic Technologist Diploma Program

# of seats per training session:

# currently employed: 7

Delivery Method: Classroom/Workplace

Length: 32 week

Funding for Training: Not Available

Other Ambulance Attendants

Saskatchewan Institute of Applied Science and Technology

PO Box 556, Regina, SK S4P 3A3, Tel: 1-800-667-7730 or (306) 787-4314, www.siast.sk.ca

Training Location: SIAST-Wascana

Level of Classification Available: Entry

Classification Type: Vocational

Job Description:

Salary Range:

Training Prerequisites: EMR Responder Certificate

Prerequisite Information Emergency Medical Responder - Transcription

# of seats per training session: Not Available

# currently employed:

Delivery Method: Customized

Length: 110 hour

Funding for Training: Not Available

Painter

The Northern Alberta Institute of Technology

11762 - 106th Street, Edmonton, AB T5G 2R1, Tel: (403) 471-7400, Fax: (403) 471-8583, E-mail: registrar@nait.ab.ca, Web: www.nait.ab.ca

Training Location:	Edmonton
Level of Classification Available:	Entry
Classification Type:	Vocational
Job Description:	
Salary Range:	$16.22 - $21.51/hour
Training Prerequisites:	Certificate
Prerequisite Information	ourneyman Painter and Decorator
# of seats per training session:	Not Available
# currently employed:	1
Delivery Method:	Classroom/Workplace
Length:	Unknown
Funding for Training:	Not Available

Pharmacists

University of Saskatchewan

Office of the Registrar, University of Saskatchewan, 105 Administration Place, Saskatoon, SK S7N 5A2, Tel: (306) 966-6760, E-mail: registrar@usask.ca, Web: www.sask.ca/registrar

Training Location:	U of S
Level of Classification Available:	Entry
Classification Type:	Professional
Job Description:	
Salary Range:	$24.23/hour
Training Prerequisites:	Degree
Prerequisite Information	Pharmacy Degree
# of seats per training session:	80
# currently employed:	131
Delivery Method:	Classroom/Clerkship
Length:	4 year
Funding for Training:	Not Available

Pharmacy Aide

Saskatchewan Institute of Applied Science and Technology

Kelsey Campus, PO Box 1520, Saskatoon, SK SK7 3R5, Tel: 1-800-567-3263 or (306) 933-6440, www.siast.sk.ca

Training Location:	SIAST-Kelsey
Level of Classification Available:	Entry
Classification Type:	Technical
Job Description:	
Salary Range:	$12.11 - $13.13/hour
Training Prerequisites:	Certificate
Prerequisite Information	Pharmacy Technician Certificate
# of seats per training session:	16
# currently employed:	13
Delivery Method:	Classroom/Practicum
Length:	38 week
Funding for Training:	Tuition $1,950

Pharmacy Technician

Saskatchewan Institute of Applied Science and Technology

Kelsey Campus, PO Box 1520, Saskatoon, SK SK7 3R5, Tel: 1-800-567-3263 or (306) 933-6440, www.siast.sk.ca

Training Location:	SIAST-Kelsey
Level of Classification Available:	Entry
Classification Type:	Technical
Job Description:	
Salary Range:	$13.13 - $13.91/hour
Training Prerequisites:	Certificate
Prerequisite Information	Pharmacy Technician Certificate
# of seats per training session:	16
# currently employed:	120
Delivery Method:	Classroom/Practicum
Length:	38 week
Funding for Training:	Tuition $1,950

Phlebotomy Assistant

Training Specific to Employer

Employer Address

Training Location:	Employer
Level of Classification Available:	Entry
Classification Type:	Vocational
Job Description:	
Salary Range:	
Training Prerequisites:	On the Job
Prerequisite Information	Specific to Employer
# of seats per training session:	Not Applicable
# currently employed:	2
Delivery Method:	Workplace Training
Length:	Unknown
Funding for Training:	Unknown

Physical Therapists

University of Saskatchewan

Office of the Registrar, University of Saskatchewan, 105 Administration Place, Saskatoon, SK S7N 5A2, Tel: (306) 966-6760, E-mail: registrar@usask.ca, Web: www.sask.ca/registrar

Training Location:	U of S
Level of Classification Available:	Entry
Classification Type:	Technical
Job Description:	
Salary Range:	$19.01/hour
Training Prerequisites:	Degree
Prerequisite Information	Bachelor of Science in Physical Therapy
# of seats per training session:	Not Available
# currently employed:	
Delivery Method:	Classroom/Practicum
Length:	5 year
Funding for Training:	Tuition $3,974.00 per year

Physical Therapy Aide

Saskatchewan Institute of Applied Science and Technology

PO Box 556, Regina, SK S4P 3A3, Tel: 1-800-667-7730 or (306) 787-4314, www.siast.sk.ca

Training Location: SIAST-Wascana

Level of Classification Available: Entry

Classification Type: Technical

Job Description:

Salary Range:

Training Prerequisites: Certificate

Prerequisite Information Occupational Therapist Assistant/Physical Therapist Assistant

# of seats per training session: 14

# currently employed:

Delivery Method: Classroom/Hands-On/Workplace

Length: 40 week

Funding for Training: Tuition $2,100

Physical Therapy Asst II

Saskatchewan Institute of Applied Science and Technology

PO Box 556, Regina, SK S4P 3A3, Tel: 1-800-667-7730 or (306) 787-4314, www.siast.sk.ca

Training Location: SIAST-Wascana

Level of Classification Available: Entry, II

Classification Type: Technical

Job Description:

Salary Range:

Training Prerequisites: Certificate

Prerequisite Information Occupational Therapist Assistant/Physical Therapist Assistant

# of seats per training session: 14

# currently employed:

Delivery Method: Classroom/Hands-On/Workplace

Length: 40 week

Funding for Training: Tuition $2,100

Physiotherapist Assistants/Attendants

Saskatchewan Institute of Applied Science and Technology

PO Box 556, Regina, SK S4P 3A3, Tel: 1-800-667-7730 or (306) 787-4314, www.siast.sk.ca

Training Location:	SIAST-Wascana
Level of Classification Available:	Entry
Classification Type:	Technical
Job Description:	
Salary Range:	$12.21 - $14.36/hour
Training Prerequisites:	Certificate
Prerequisite Information	Occupational Therapist Assistant/Physical Therapist Assistant
# of seats per training session:	14
# currently employed:	14
Delivery Method:	Classroom/Hands-On/Workplace
Length:	40 week
Funding for Training:	Tuition $2,100

Physiotherapy Aide

Saskatchewan Institute of Applied Science and Technology

PO Box 556, Regina, SK S4P 3A3, Tel: 1-800-667-7730 or (306) 787-4314, www.siast.sk.ca

Training Location:	SIAST-Wascana
Level of Classification Available:	Entry
Classification Type:	Technical
Job Description:	
Salary Range:	$13.11 - $13.13/hour
Training Prerequisites:	Certificate
Prerequisite Information	Occupational Therapist Assistant/Physical Therapist Assistant
# of seats per training session:	14
# currently employed:	12
Delivery Method:	Classroom/Hands-On/Workplace
Length:	40 week
Funding for Training:	Tuition $2,100

Physiotherapy Attendant

Saskatchewan Institute of Applied Science and Technology

PO Box 556, Regina, SK S4P 3A3, Tel: 1-800-667-7730 or (306) 787-4314, www.siast.sk.ca

Training Location: SIAST-Wascana

Level of Classification Available: Entry
Classification Type: Technical
Job Description:

Salary Range: $12.80 - $13.13/hour
Training Prerequisites: Certificate
Prerequisite Information Occupational Therapist Assistant/Physical Therapist Assistant

# of seats per training session: 14

# currently employed: 6
Delivery Method: Classroom/Hands-On/Workplace
Length: 40 week
Funding for Training: Tuition $2,100

Plant Maintenance Mechanic

Saskatchewan Institute of Applied Science and Technology

Kelsey Campus, PO Box 1520, Saskatoon, SK SK7 3R5, Tel: 1-800-567-3263 or (306) 933-6440, www.siast.sk.ca
Training Location: SIAST-Kelsey

Level of Classification Available: Entry
Classification Type: Technical
Job Description:

Salary Range:
Training Prerequisites: Certificate
Prerequisite Information Industrial Mechanics: Pre Employment Certificate

# of seats per training session: 14

# currently employed: 6
Delivery Method: Hands-On
Length: 32 week
Funding for Training: Tuition $2,050

Porter

Training Specific to Employer

Employer Address

Training Location:	Employer
Level of Classification Available:	Entry
Classification Type:	Vocational
Job Description:	
Salary Range:	$11.69 - $11.77/hour
Training Prerequisites:	On the Job
Prerequisite Information	Specific to Employer
# of seats per training session:	Not Applicable
# currently employed:	272
Delivery Method:	Workplace Training
Length:	Unknown
Funding for Training:	Unknown

Post Office Manager

Training Specific to Employer

Employer Address

Training Location:	Employer
Level of Classification Available:	Entry
Classification Type:	Vocational
Job Description:	
Salary Range:	$14.35/hour
Training Prerequisites:	On the Job
Prerequisite Information	Specific to Employer
# of seats per training session:	Not Applicable
# currently employed:	1
Delivery Method:	Workplace Training
Length:	Unknown
Funding for Training:	Unknown

Postal Clerk

Training Specific to Employer

Employer Address

Training Location: Employer

Level of Classification Available: Entry

Classification Type: Vocational

Job Description:

Salary Range: $12.80/hour

Training Prerequisites: On the Job

Prerequisite Information Specific to Employer

# of seats per training session: Not Applicable

# currently employed: 7

Delivery Method: Workplace Training

Length: Unknown

Funding for Training: Unknown

Press Operator

Saskatchewan Institute of Applied Science and Technology

1100-15th Street N, Box 3003, Prince Albert, SK S6V 6G1, Tel:1-800-667-9664 or (306) 953-7000,
www.siast,sk,ca

Training Location: SIAST-Woodland (Off Campus)

Level of Classification Available: Entry

Classification Type: Technical

Job Description:

Salary Range: $13.48/hour

Training Prerequisites: None listed

Prerequisite Information Textile Manufacturing - Applied Certificate

# of seats per training session: Not Available

# currently employed: 1

Delivery Method: Classroom/Hands-On

Length: 100 hours core and one option (80-100 hours each)

Funding for Training: Not Available

Primary Care Nurses

University of Saskatchewan

Office of the Registrar, University of Saskatchewan, 105 Administration Place, Saskatoon, SK S7N 5A2, Tel: (306) 966-6760, E-mail: registrar@usask.ca, Web: www.sask.ca/registrar

Training Location: U of S

Level of Classification Available: Entry

Classification Type: Professional

Job Description:

Salary Range:

Training Prerequisites: Degree

Prerequisite Information Nursing Education Program of Saskatchewan

# of seats per training session: 240

# currently employed:

Delivery Method: Classroom/Hands-On/Practicum

Length: 4 year with year 1&2 at SIAST; Year 3&4 at U of S

Funding for Training: Tuition $13,900

Primary Care Nurses

Saskatchewan Institute of Applied Science and Technology

Kelsey Campus, PO Box 1520, Saskatoon, SK SK7 3R5, Tel: 1-800-567-3263 or (306) 933-6440, www.siast.sk.ca

Training Location: SIAST-Kelsey, Wascana

Level of Classification Available: Entry

Classification Type: Professional

Job Description:

Salary Range:

Training Prerequisites: Degree

Prerequisite Information Nursing Education Program of Saskatchewan

# of seats per training session: 240

# currently employed:

Delivery Method: Classroom/Practicum

Length: 4 year with year 1&2 at SIAST; Year 3&4 at U of S

Funding for Training: Tuition $13,900

Production Assistant

Training Specific to Employer

Employer Address

Training Location: Employer

Level of Classification Available: Entry

Classification Type: Vocational

Job Description:

Salary Range:

Training Prerequisites: On the Job

Prerequisite Information Specific to Employer

# of seats per training session: Not Applicable

# currently employed: 44

Delivery Method: Workplace Training

Length: Unknown

Funding for Training: Unknown

Production Staff (Journeyman)

Training Location:

Level of Classification Available: Entry

Classification Type:

Job Description:

Salary Range:

Training Prerequisites:

Prerequisite Information

# of seats per training session:

# currently employed: 29

Delivery Method:

Length:

Funding for Training:

Production Staff (Non Journeyman)

Training Location:	
Level of Classification Available:	Entry
Classification Type:	
Job Description:	
Salary Range:	
Training Prerequisites:	
Prerequisite Information	
# of seats per training session:	
# currently employed:	
Delivery Method:	
Length:	
Funding for Training:	

Programmer/Analyst II

University of Saskatchewan

Office of the Registrar, University of Saskatchewan, 105 Administration Place, Saskatoon, SK S7N 5A2, Tel: (306) 966-6760, E-mail: registrar@usask.ca, Web: www.sask.ca/registrar

Training Location:	U of S
Level of Classification Available:	Entry, II
Classification Type:	Technical
Job Description:	
Salary Range:	
Training Prerequisites:	Degree or Diploma
Prerequisite Information	Bachelor of Science/ Computers
# of seats per training session:	Not Available
# currently employed:	
Delivery Method:	Classroom/Hands-On
Length:	4 year
Funding for Training:	Variable

Programmer/Analyst II

Saskatchewan Institute of Applied Science and Technology

Kelsey Campus, PO Box 1520, Saskatoon, SK SK7 3R5, Tel: 1-800-567-3263 or (306) 933-6440,
www.siast.sk.ca

Training Location: SIAST-Kelsey

Level of Classification Available: Entry, II

Classification Type: Technical

Job Description:

Salary Range:

Training Prerequisites: Degree or Diploma

Prerequisite Information Computer Engineering Technology Diploma

# of seats per training session:

# currently employed:

Delivery Method: Classroom/Practicum

Length: 2 1/2 year with 3 co-op terms

Funding for Training: Tuition $6,300

Psychiatric Attendant

Training Specific to Employer

Employer Address

Training Location: Employer

Level of Classification Available: Entry

Classification Type: Vocational

Job Description:

Salary Range: $12.43 - $13.91/hour

Training Prerequisites: On the Job

Prerequisite Information Specific to Employer

# of seats per training session: Not Applicable

# currently employed: 63

Delivery Method: Workplace Training

Length: Unknown

Funding for Training: Unknown

Psychiatric Nurses

University of Saskatchewan

Office of the Registrar, University of Saskatchewan, 105 Administration Place, Saskatoon, SK S7N 5A2, Tel: (306) 966-6760, E-mail: registrar@usask.ca, Web: www.sask.ca/registrar

Training Location: U of S

Level of Classification Available: Entry

Classification Type: Professional

Job Description:

Salary Range:

Training Prerequisites: Degree

Prerequisite Information Nursing Education Program of Saskatchewan

# of seats per training session: 240

# currently employed:

Delivery Method: Classroom/Hands-On/Practicum

Length: 4 year with year 1&2 at SIAST; Year 3&4 at U of S

Funding for Training: Tuition $13,900

Psychiatric Nurses

Saskatchewan Institute of Applied Science and Technology

Kelsey Campus, PO Box 1520, Saskatoon, SK SK7 3R5, Tel: 1-800-567-3263 or (306) 933-6440, www.siast.sk.ca

Training Location: SIAST-Kelsey, Wascana

Level of Classification Available: Entry

Classification Type: Professional

Job Description:

Salary Range:

Training Prerequisites: Degree

Prerequisite Information Nursing Education Program of Saskatchewan

# of seats per training session: 240

# currently employed:

Delivery Method: Classroom/Practicum

Length: 4 year with year 1&2 at SIAST; Year 3&4 at U of S

Funding for Training: Tuition $13,900

Psychologists

University of Saskatchewan

Office of the Registrar, University of Saskatchewan, 105 Administration Place, Saskatoon, SK S7N 5A2, Tel: (306) 966-6760, E-mail: registrar@usask.ca, Web: www.sask.ca/registrar

Training Location:	U of S
Level of Classification Available:	Entry
Classification Type:	Professional
Job Description:	
Salary Range:	$22.54/hour
Training Prerequisites:	Degree
Prerequisite Information	PHD - Philosophy
# of seats per training session:	Not Available
# currently employed:	91
Delivery Method:	Classroom/Practicum
Length:	6 year
Funding for Training:	Variable

Psychologists

University of Regina

213 - Administration - Humanities Building
University of Regina

Training Location:	U of R
Level of Classification Available:	Entry
Classification Type:	Professional
Job Description:	
Salary Range:	$22.54/hour
Training Prerequisites:	Degree
Prerequisite Information	PHD - Philosophy
# of seats per training session:	Not Available
# currently employed:	91
Delivery Method:	Classroom/Practicum
Length:	6 year
Funding for Training:	Variable

Public Health Inspectors

University of Saskatchewan

Office of the Registrar, University of Saskatchewan, 105 Administration Place, Saskatoon, SK S7N 5A2, Tel: (306) 966-6760, E-mail: registrar@usask.ca, Web: www.sask.ca/registrar

Training Location:	U of S
Level of Classification Available:	Entry
Classification Type:	Professional
Job Description:	
Salary Range:	$20.26/hour
Training Prerequisites:	Degree
Prerequisite Information	Bachelor of Arts
# of seats per training session:	Not Available
# currently employed:	68
Delivery Method:	Classroom-Based
Length:	3 year
Funding for Training:	Variable

Public Health Nurses

University of Saskatchewan

Office of the Registrar, University of Saskatchewan, 105 Administration Place, Saskatoon, SK S7N 5A2, Tel: (306) 966-6760, E-mail: registrar@usask.ca, Web: www.sask.ca/registrar

Training Location:	U of S
Level of Classification Available:	Entry
Classification Type:	Professional
Job Description:	
Salary Range:	$15.37/hour
Training Prerequisites:	Degree, R.N.
Prerequisite Information	Nursing Education Program of Saskatchewan
# of seats per training session:	240
# currently employed:	
Delivery Method:	Classroom/Hands-On/Practicum
Length:	4 year with year 1&2 at SIAST; Year 3&4 at U of S
Funding for Training:	Tuition $13,900

Purchasing Agent

Saskatchewan Institute of Applied Science and Technology

PO Box 556, Regina, SK S4P 3A3, Tel: 1-800-667-7730 or (306) 787-4314, www.siast.sk.ca

Training Location:	SIAST-Wascana extension
Level of Classification Available:	Entry
Classification Type:	Vocational
Job Description:	
Salary Range:	
Training Prerequisites:	Certificate
Prerequisite Information	
# of seats per training session:	
# currently employed:	9
Delivery Method:	
Length:	
Funding for Training:	

Radiation Therapists

Saskatchewan Institute of Applied Science and Technology

Kelsey Campus, PO Box 1520, Saskatoon, SK SK7 3R5, Tel: 1-800-567-3263 or (306) 933-6440, www.siast.sk.ca

Training Location:	SIAST-Kelsey
Level of Classification Available:	Entry
Classification Type:	Technical
Job Description:	
Salary Range:	
Training Prerequisites:	Certificate
Prerequisite Information	Combined Laboratory and X-Ray Technician, certified by the Department of Education
# of seats per training session:	16
# currently employed:	
Delivery Method:	Classroom/Hands-On/Practicum
Length:	56 week
Funding for Training:	Tuition $2,600

Recreation Technologists

Saskatchewan Institute of Applied Science and Technology

Kelsey Campus, PO Box 1520, Saskatoon, SK SK7 3R5, Tel: 1-800-567-3263 or (306) 933-6440, www.siast.sk.ca

Training Location: SIAST-Kelsey (Extension/Outreach/Off Campus Programs

Level of Classification Available: Entry

Classification Type: Technical

Job Description:

Salary Range:

Training Prerequisites: Diploma

Prerequisite Information Therapeutic Recreation Diploma

# of seats per training session: Not Available

# currently employed:

Delivery Method: Classroom/Practicum

Length: 2 year

Funding for Training: Not Available

Recreation Therapist I

Saskatchewan Institute of Applied Science and Technology

Kelsey Campus, PO Box 1520, Saskatoon, SK SK7 3R5, Tel: 1-800-567-3263 or (306) 933-6440, www.siast.sk.ca

Training Location: SIAST-Kelsey (Extension/Outreach/Off Campus Programs

Level of Classification Available: I, II

Classification Type: Technical

Job Description:

Salary Range:

Training Prerequisites: Diploma

Prerequisite Information Therapeutic Recreation Diploma

# of seats per training session: Not Available

# currently employed: 1

Delivery Method: Classroom/Practicum

Length: 2 year

Funding for Training: Not Available

Recreation Therapist II

Saskatchewan Institute of Applied Science and Technology

Kelsey Campus, PO Box 1520, Saskatoon, SK SK7 3R5, Tel: 1-800-567-3263 or (306) 933-6440,
www.siast.sk.ca

Training Location:	SIAST-Kelsey (Extension/Outreach/Off Campus Programs
Level of Classification Available:	I, II
Classification Type:	Technical
Job Description:	
Salary Range:	
Training Prerequisites:	Diploma
Prerequisite Information	Therapeutic Recreation Diploma
# of seats per training session:	Not Available
# currently employed:	32
Delivery Method:	Classroom/Practicum
Length:	2 year
Funding for Training:	Not Available

Registered Laboratory Technician I

Saskatchewan Institute of Applied Science and Technology

Kelsey Campus, PO Box 1520, Saskatoon, SK SK7 3R5, Tel: 1-800-567-3263 or (306) 933-6440,
www.siast.sk.ca

Training Location:	SIAST-Kelsey
Level of Classification Available:	Entry
Classification Type:	Technical
Job Description:	
Salary Range:	$16.77/hour
Training Prerequisites:	Diploma
Prerequisite Information	Medical Laboratory Technology
# of seats per training session:	16
# currently employed:	
Delivery Method:	Classroom/Hands-On
Length:	80 week
Funding for Training:	Tuition $4,100

Registered Laboratory Technologist

Saskatchewan Institute of Applied Science and Technology

Kelsey Campus, PO Box 1520, Saskatoon, SK SK7 3R5, Tel: 1-800-567-3263 or (306) 933-6440, www.siast.sk.ca

Training Location: SIAST-Kelsey

Level of Classification Available: Entry

Classification Type: Technical

Job Description:

Salary Range: $16.77/hour

Training Prerequisites: Diploma

Prerequisite Information Medical Laboratory Technology

# of seats per training session: 16

# currently employed:

Delivery Method: Classroom/Hands-On

Length: 80 week

Funding for Training: Tuition $4,100

Registered Nurse

University of Saskatchewan

Office of the Registrar, University of Saskatchewan, 105 Administration Place, Saskatoon, SK S7N 5A2, Tel: (306) 966-6760, E-mail: registrar@usask.ca, Web: www.sask.ca/registrar

Training Location: U of S

Level of Classification Available: Entry

Classification Type: Professional

Job Description:

Salary Range:

Training Prerequisites: Degree

Prerequisite Information Nursing Education Program of Saskatchewan

# of seats per training session: 240

# currently employed:

Delivery Method: Classroom/Hands-On/Practicum

Length: 4 year with year 1&2 at SIAST; Year 3&4 at U of S

Funding for Training: Tuition $13,900

Registered Nurse

Saskatchewan Institute of Applied Science and Technology

Kelsey Campus, PO Box 1520, Saskatoon, SK SK7 3R5, Tel: 1-800-567-3263 or (306) 933-6440,
www.siast.sk.ca

Training Location:	SIAST-Kelsey, Wascana
Level of Classification Available:	Entry
Classification Type:	Professional
Job Description:	
Salary Range:	
Training Prerequisites:	Degree
Prerequisite Information	Nursing Education Program of Saskatchewan
# of seats per training session:	240
# currently employed:	
Delivery Method:	Classroom/Practicum
Length:	4 year with year 1&2 at SIAST; Year 3&4 at U of S
Funding for Training:	Tuition $13,900

Registration Clerk

Training Specific to Employer

Employer Address

Training Location:	Employer
Level of Classification Available:	Entry
Classification Type:	Vocational
Job Description:	
Salary Range:	$12.43/hour
Training Prerequisites:	On the Job
Prerequisite Information	Specific to Employer
# of seats per training session:	Not Applicable
# currently employed:	24
Delivery Method:	Workplace Training
Length:	Unknown
Funding for Training:	Unknown

Registration Supervisor

Training Specific to Employer

Employer Address

Training Location:	Employer
Level of Classification Available:	Entry
Classification Type:	Vocational
Job Description:	
Salary Range:	
Training Prerequisites:	On the Job
Prerequisite Information	Specific to Employer
# of seats per training session:	Not Applicable
# currently employed:	
Delivery Method:	Workplace Training
Length:	Unknown
Funding for Training:	Unknown

Reprographic Systems Operator

Training Location:	
Level of Classification Available:	Entry
Classification Type:	
Job Description:	
Salary Range:	
Training Prerequisites:	
Prerequisite Information	
# of seats per training session:	
# currently employed:	1
Delivery Method:	
Length:	
Funding for Training:	

Resident Attendant

Training Specific to Employer

Employer Address

Training Location:	Employer
Level of Classification Available:	Entry
Classification Type:	Vocational
Job Description:	
Salary Range:	$11.81/hour
Training Prerequisites:	On the Job
Prerequisite Information	Specific to Employer
# of seats per training session:	Not Applicable
# currently employed:	324
Delivery Method:	Workplace Training
Length:	Unknown
Funding for Training:	Unknown

Respiratory Technologist I

Saskatchewan Institute of Applied Science and Technology

PO Box 556, Regina, SK S4P 3A3, Tel: 1-800-667-7730 or (306) 787-4314, www.siast.sk.ca

Training Location:	SIAST-Wascana
Level of Classification Available:	I, II
Classification Type:	Technical
Job Description:	
Salary Range:	
Training Prerequisites:	Certificate
Prerequisite Information	Occupational Therapist Assistant/Physical Therapist Assistant
# of seats per training session:	14
# currently employed:	
Delivery Method:	Classroom/Hands-On/Workplace
Length:	40 week
Funding for Training:	Tuition $2,100

Respiratory Technologist II

Saskatchewan Institute of Applied Science and Technology

PO Box 556, Regina, SK S4P 3A3, Tel: 1-800-667-7730 or (306) 787-4314, www.siast.sk.ca

Training Location: SIAST-Wascana

Level of Classification Available: I, II

Classification Type: Technical

Job Description:

Salary Range:

Training Prerequisites: Certificate

Prerequisite Information Occupational Therapist Assistant/Physical Therapist Assistant

# of seats per training session: 14

# currently employed:

Delivery Method: Classroom/Hands-On/Workplace

Length: 40 week

Funding for Training: Tuition $2,100

Respiratory Therapist II

Saskatchewan Institute of Applied Science and Technology

PO Box 556, Regina, SK S4P 3A3, Tel: 1-800-667-7730 or (306) 787-4314, www.siast.sk.ca

Training Location: SIAST-Wascana

Level of Classification Available: Entry, II

Classification Type: Technical

Job Description:

Salary Range:

Training Prerequisites: Certificate

Prerequisite Information Occupational Therapist Assistant/Physical Therapist Assistant

# of seats per training session: 14

# currently employed:

Delivery Method: Classroom/Hands-On/Workplace

Length: 40 week

Funding for Training: Tuition $2,100

Respiratory Therapists

Saskatchewan Institute of Applied Science and Technology

PO Box 556, Regina, SK S4P 3A3, Tel: 1-800-667-7730 or (306) 787-4314, www.siast.sk.ca

Training Location: SIAST-Wascana

Level of Classification Available: Entry, II

Classification Type: Technical

Job Description:

Salary Range: $18.23/hour

Training Prerequisites: Certificate

Prerequisite Information Occupational Therapist Assistant/Physical Therapist Assistant

# of seats per training session: 14

# currently employed: 4

Delivery Method: Classroom/Hands-On/Workplace

Length: 40 week

Funding for Training: Tuition $2,100

Seamstress

Saskatchewan Institute of Applied Science and Technology

1100-15th Street N, Box 3003, Prince Albert, SK S6V 6G1, Tel:1-800-667-9664 or (306) 953-7000, www.siast,sk,ca

Training Location: SIAST-Woodland (Off Campus)

Level of Classification Available: Entry

Classification Type: Vocational

Job Description:

Salary Range: $11.77 - $12.80/hour

Training Prerequisites: Certificate

Prerequisite Information Textile Manufacturing - Applied Certificate

# of seats per training session: Not Available

# currently employed: 12

Delivery Method: Classroom/Hands-On

Length: 100 hours core and one option (80-100 hours each)

Funding for Training: Not Available

Secretary

Saskatchewan Institute of Applied Science and Technology

Kelsey Campus, PO Box 1520, Saskatoon, SK SK7 3R5, Tel: 1-800-567-3263 or (306) 933-6440, www.siast.sk.ca

Training Location:	SIAST-Wascana, Woodland, Palliser, Woodland Meadow Lake
Level of Classification Available:	Entry
Classification Type:	Vocational
Job Description:	
Salary Range:	$11.64 - $13.49/hour
Training Prerequisites:	Certificate, Office Education
Prerequisite Information	Office Education Certificate
# of seats per training session:	260
# currently employed:	123
Delivery Method:	Classroom-Based
Length:	40 week
Funding for Training:	Not Available

Security Officer

Training Specific to Employer

Employer Address

Training Location:	Employer
Level of Classification Available:	Entry
Classification Type:	Vocational
Job Description:	
Salary Range:	$13.49 - $15.25/hour
Training Prerequisites:	On the Job
Prerequisite Information	Specific to Employer
# of seats per training session:	Not Applicable
# currently employed:	88
Delivery Method:	Workplace Training
Length:	Unknown
Funding for Training:	Unknown

Shift Engineer

Saskatchewan Institute of Applied Science and Technology

Kelsey Campus, PO Box 1520, Saskatoon, SK SK7 3R5, Tel: 1-800-567-3263 or (306) 933-6440, www.siast.sk.ca

Training Location:	SIAST-Kelsey
Level of Classification Available:	Entry, 2nd Class, 3rd Class
Classification Type:	Technical
Job Description:	
Salary Range:	
Training Prerequisites:	Diploma
Prerequisite Information	Power Engineering Diploma
# of seats per training session:	36
# currently employed:	
Delivery Method:	Classroom/Workplace
Length:	2 year
Funding for Training:	Tuition $4,200

Shift Engineer (Second Class)

Saskatchewan Institute of Applied Science and Technology

Saskatchewan Street & 6th Avenue N.W., PO Box 1420, Moose Jaw, SK S6H 4R4, Tel: (306) 694-3200, Fax: (306) 693-3321, www.siast.sk.ca

Training Location:	SIAST-Palliser
Level of Classification Available:	Entry, 2nd Class, 3rd Class
Classification Type:	Technical
Job Description:	
Salary Range:	
Training Prerequisites:	Diploma
Prerequisite Information	Power Engineering Diploma
# of seats per training session:	36
# currently employed:	
Delivery Method:	Classroom/Workplace
Length:	2 year
Funding for Training:	Tuition $4,200

Shift Engineer (Third Class)

Saskatchewan Institute of Applied Science and Technology

Saskatchewan Street & 6th Avenue N.W., PO Box 1420, Moose Jaw, SK S6H 4R4, Tel: (306) 694-3200, Fax: (306) 693-3321, www.siast.sk.ca

Training Location:	SIAST-Palliser
Level of Classification Available:	Entry, 2nd Class, 3rd Class
Classification Type:	Technical
Job Description:	
Salary Range:	$18.99/hour
Training Prerequisites:	Diploma
Prerequisite Information	Power Engineering Diploma
# of seats per training session:	36
# currently employed:	5
Delivery Method:	Classroom/Workplace
Length:	2 year
Funding for Training:	Tuition $4,200

Social Service Workers

University of Regina

213 - Administration - Humanities Building
University of Regina

Training Location:	U of R
Level of Classification Available:	Entry
Classification Type:	Professional
Job Description:	
Salary Range:	
Training Prerequisites:	Degree
Prerequisite Information	Bachelor of Social Work
# of seats per training session:	Not Available
# currently employed:	77
Delivery Method:	Classroom-Based
Length:	4 year
Funding for Training:	Variable

Social Worker

University of Regina

213 - Administration - Humanities Building
University of Regina

Training Location: U of R

Level of Classification Available: Entry

Classification Type: Professional

Job Description:

Salary Range: $17.92/hour

Training Prerequisites: Degree

Prerequisite Information Bachelor of Social Work

# of seats per training session: Not Available

# currently employed: 162

Delivery Method: Classroom-Based

Length: 4 year

Funding for Training: Variable

Sonographer

Training Location: out-of-province

Level of Classification Available: Entry

Classification Type: Professional

Job Description:

Salary Range: $18.87/hour

Training Prerequisites: Degree

Prerequisite Information

# of seats per training session:

# currently employed: 10

Delivery Method:

Length:

Funding for Training:

Special Care Aide

Saskatchewan Institute of Applied Science and Technology

Kelsey Campus, PO Box 1520, Saskatoon, SK SK7 3R5, Tel: 1-800-567-3263 or (306) 933-6440, www.siast.sk.ca

Training Location: SIAST-Kelsey (Campus Extension/Outreach/Off Campus Programs)

Level of Classification Available: Entry

Classification Type: Technical

Job Description:

Salary Range: $12.87 - $13.13/hour

Training Prerequisites: Certificate

Prerequisite Information Home Care/Special Care Aide Certificate

# of seats per training session: 16

# currently employed: 3,241

Delivery Method: Classroom/Clinical/Practicum/Workplace

Length: 30 week

Funding for Training: Tuition $250+cost for on the job instructor

Special Care Aide

Saskatchewan Indian Institute of Technologies

#100 - 103A Packham Avenue, Saskatoon, Saskatchewan S7N 4K4, Tel: (306) 244-4444, Toll free in Saskatchewan: 1-800-667-9704, Fax: (306) 244-1391, www.siit.sk.ca

Training Location: SIIT

Level of Classification Available: Entry

Classification Type: Technical

Job Description:

Salary Range: $12.87 - $13.13/hour

Training Prerequisites: Certificate

Prerequisite Information Home Health/Long Term Care Aide

# of seats per training session: 20

# currently employed: 3,241

Delivery Method: Classroom/Workplace

Length: 10 month

Funding for Training: Tuition $2,400

Special Care/Health Care Aides

Gabriel Dumont Institute of Metis Studies and Applied Research

505 23rd Street East, Saskatoon, SK S7K 4K7, (306) 934-4941, Fax (306)244-0252

Training Location:	Gabriel Dumont
Level of Classification Available:	Entry
Classification Type:	Technical
Job Description:	
Salary Range:	$13.13/hour
Training Prerequisites:	Certificate
Prerequisite Information	
# of seats per training session:	
# currently employed:	8
Delivery Method:	
Length:	
Funding for Training:	

Special Care/Health Care Aides

Saskatchewan Indian Institute of Technologies

#100 - 103A Packham Avenue, Saskatoon, Saskatchewan S7N 4K4, Tel: (306) 244-4444, Toll free in Saskatchewan: 1-800-667-9704, Fax: (306) 244-1391, www.siit.sk.ca

Training Location:	SIIT
Level of Classification Available:	Entry
Classification Type:	Technical
Job Description:	
Salary Range:	$13.13/hour
Training Prerequisites:	Certificate
Prerequisite Information	Home Health/Long Term Care Aide
# of seats per training session:	20
# currently employed:	8
Delivery Method:	Classroom/Workplace
Length:	10 month
Funding for Training:	Tuition $2,400

Special Care/Health Care Aides

Saskatchewan Institute of Applied Science and Technology

Kelsey Campus, PO Box 1520, Saskatoon, SK SK7 3R5, Tel: 1-800-567-3263 or (306) 933-6440,
www.siast.sk.ca

Training Location:	SIAST-Kelsey (Campus Extension/Outreach/Off Campus Programs)
Level of Classification Available:	Entry
Classification Type:	Technical
Job Description:	
Salary Range:	$13.13/hour
Training Prerequisites:	Certificate
Prerequisite Information	Home Care/Special Care Aide Certificate
# of seats per training session:	16
# currently employed:	8
Delivery Method:	Classroom/Clinical/Practicum/Workplace
Length:	30 week
Funding for Training:	Tuition $250+cost for on the job instructor

Speech-Language Pathologists

Institute of Natural Sciences

226 20th Street East, Saskatoon, SK S7K 0A6, Tel: (306) 384-0101, Toll-free: (877) 846 6722, Fax:
(306) 651 3243, E-mail: mail@ccourses.com

Training Location:	out-of-province, U of A, Minot State, U of M
Level of Classification Available:	Entry
Classification Type:	Professional
Job Description:	
Salary Range:	$18.77/hour
Training Prerequisites:	Degree
Prerequisite Information	
# of seats per training session:	
# currently employed:	77
Delivery Method:	
Length:	Unknown
Funding for Training:	Unknown

Storeman

Training Specific to Employer

Employer Address

Training Location:	Employer
Level of Classification Available:	I, II, III
Classification Type:	Vocational
Job Description:	
Salary Range:	$14.35/hour
Training Prerequisites:	On the Job
Prerequisite Information	Specific to Employer
# of seats per training session:	Not Applicable
# currently employed:	71
Delivery Method:	Workplace Training
Length:	Unknown
Funding for Training:	Unknown

Storeman II

Training Specific to Employer

Employer Address

Training Location:	Employer
Level of Classification Available:	I, II, III
Classification Type:	Vocational
Job Description:	
Salary Range:	$13.48/hour
Training Prerequisites:	On the Job
Prerequisite Information	Specific to Employer
# of seats per training session:	Not Applicable
# currently employed:	4
Delivery Method:	Workplace Training
Length:	Unknown
Funding for Training:	Unknown

Storeman III

Training Specific to Employer

Employer Address

Training Location:	Employer
Level of Classification Available:	I, II, III
Classification Type:	Vocational
Job Description:	
Salary Range:	$13.13/hour
Training Prerequisites:	On the Job
Prerequisite Information	Specific to Employer
# of seats per training session:	Not Applicable
# currently employed:	10
Delivery Method:	Workplace Training
Length:	Unknown
Funding for Training:	Unknown

*Storeman III**

Training Specific to Employer

Employer Address

Training Location:	Employer
Level of Classification Available:	I, II, III
Classification Type:	Vocational
Job Description:	
Salary Range:	$13.13/hour
Training Prerequisites:	On the Job
Prerequisite Information	Specific to Employer
# of seats per training session:	Not Applicable
# currently employed:	
Delivery Method:	Workplace Training
Length:	Unknown
Funding for Training:	Unknown

Supervisor - Distributing

Training Specific to Employer

Employer Address

Training Location:	Employer
Level of Classification Available:	Entry
Classification Type:	Vocational
Job Description:	
Salary Range:	
Training Prerequisites:	On the Job
Prerequisite Information	Specific to Employer
# of seats per training session:	Not Applicable
# currently employed:	
Delivery Method:	Workplace Training
Length:	Unknown
Funding for Training:	Unknown

Supervisor - Processing

Training Specific to Employer

Employer Address

Training Location:	Employer
Level of Classification Available:	Entry
Classification Type:	Vocational
Job Description:	
Salary Range:	
Training Prerequisites:	On the Job
Prerequisite Information	Specific to Employer
# of seats per training session:	Not Applicable
# currently employed:	
Delivery Method:	Workplace Training
Length:	Unknown
Funding for Training:	Unknown

Switchboard Operator I

Training Specific to Employer

Employer Address

Training Location: Employer

Level of Classification Available: Entry

Classification Type: Vocational

Job Description:

Salary Range: $13.32/hour

Training Prerequisites: On the Job

Prerequisite Information Specific to Employer

# of seats per training session: Not Applicable

# currently employed: 78

Delivery Method: Workplace Training

Length: Unknown

Funding for Training: Unknown

Transcriptionist I

Saskatchewan Institute of Applied Science and Technology

Kelsey Campus, PO Box 1520, Saskatoon, SK SK7 3R5, Tel: 1-800-567-3263 or (306) 933-6440,
www.siast.sk.ca

Training Location: SIAST-Wascana, Woodland, Palliser, Woodland Meadow Lake

Level of Classification Available: I, II, III, IV

Classification Type: Technical

Job Description:

Salary Range: $12.80/hour

Training Prerequisites: Certificate

Prerequisite Information Office Education Certificate

# of seats per training session: 260

# currently employed: 10

Delivery Method: Classroom-Based

Length: 40 week

Funding for Training: Not Available

Transcriptionist II

Saskatchewan Institute of Applied Science and Technology

Kelsey Campus, PO Box 1520, Saskatoon, SK SK7 3R5, Tel: 1-800-567-3263 or (306) 933-6440,
www.siast.sk.ca

Training Location: SIAST-Wascana, Woodland, Palliser, Woodland Meadow Lake

Level of Classification Available: I, II, III, IV

Classification Type: Technical

Job Description:

Salary Range: $13.13/hour

Training Prerequisites: Certificate

Prerequisite Information Office Education Certificate

# of seats per training session: 260

# currently employed:

Delivery Method: Classroom-Based

Length: 40 week

Funding for Training: Not Available

Transcriptionist III

Saskatchewan Institute of Applied Science and Technology

Kelsey Campus, PO Box 1520, Saskatoon, SK SK7 3R5, Tel: 1-800-567-3263 or (306) 933-6440,
www.siast.sk.ca

Training Location: SIAST-Wascana, Woodland, Palliser, Woodland Meadow Lake

Level of Classification Available: I, II, III, IV

Classification Type: Technical

Job Description:

Salary Range: $13.48/hour

Training Prerequisites: Certificate

Prerequisite Information Office Education Certificate

# of seats per training session: 260

# currently employed: 3

Delivery Method: Classroom-Based

Length: 40 week

Funding for Training: Not Available

Transcriptionist IV

Saskatchewan Institute of Applied Science and Technology

Kelsey Campus, PO Box 1520, Saskatoon, SK SK7 3R5, Tel: 1-800-567-3263 or (306) 933-6440, www.siast.sk.ca

Training Location:	SIAST-Wascana, Woodland, Palliser, Woodland Meadow Lake
Level of Classification Available:	I, II, III, IV
Classification Type:	Technical
Job Description:	
Salary Range:	$13.91/hour
Training Prerequisites:	Certificate
Prerequisite Information	Office Education Certificate
# of seats per training session:	260
# currently employed:	11
Delivery Method:	Classroom-Based
Length:	40 week
Funding for Training:	Not Available

Truck Driver

Training Specific to Employer

Employer Address

Training Location:	may require Driver Training Certificate, SIAST-Woodlands
Level of Classification Available:	Entry
Classification Type:	Vocational
Job Description:	
Salary Range:	$12.68/hour
Training Prerequisites:	On the Job
Prerequisite Information	Specific to Employer
# of seats per training session:	Not Applicable
# currently employed:	8
Delivery Method:	
Length:	
Funding for Training:	

Ultra Sound Technician

The Mitchner Institutefor Applied Health Sciences

222 St. Patrick Street, Toronto, ON Canada M5T 1V4, Phone: (416) 596-3101, Toll Free: 1 (800) 387-9066 (Canada only), Fax: (416) 596-3180

Training Location:	out-of-province
Level of Classification Available:	Entry, II
Classification Type:	Technical
Job Description:	
Salary Range:	$19.49/hour
Training Prerequisites:	Certificate
Prerequisite Information	Ultrasound Certificate
# of seats per training session:	Not Applicable
# currently employed:	17
Delivery Method:	Classroom/Practicum
Length:	24 month
Funding for Training:	Tuition: $2,270

Ultrasound Instructor

The Mitchner Institutefor Applied Health Sciences

222 St. Patrick Street, Toronto, ON Canada M5T 1V4, Phone: (416) 596-3101, Toll Free: 1 (800) 387-9066 (Canada only), Fax: (416) 596-3180

Training Location:	out-of-province
Level of Classification Available:	Entry
Classification Type:	Professional
Job Description:	
Salary Range:	
Training Prerequisites:	Degree
Prerequisite Information	Ultrasound Certificate
# of seats per training session:	Not Applicable
# currently employed:	
Delivery Method:	Classroom/Practicum
Length:	24 month
Funding for Training:	Tuition: $2,270

Ultrasound Technologist II

The Mitchner Institutefor Applied Health Sciences

222 St. Patrick Street, Toronto, ON Canada M5T 1V4, Phone: (416) 596-3101, Toll Free: 1 (800) 387-9066 (Canada only), Fax: (416) 596-3180

Training Location:	out-of-province
Level of Classification Available:	Entry, II
Classification Type:	Technical
Job Description:	
Salary Range:	$17.85/hour
Training Prerequisites:	Diploma
Prerequisite Information	Ultrasound Certificate
# of seats per training session:	Not Applicable
# currently employed:	7
Delivery Method:	Classroom/Practicum
Length:	24 month
Funding for Training:	Tuition: $2,270

Uncertified Dental Assistants

Saskatchewan Institute of Applied Science and Technology

PO Box 556, Regina, SK S4P 3A3, Tel: 1-800-667-7730 or (306) 787-4314, www.siast.sk.ca

Training Location:	SIAST-Wascana
Level of Classification Available:	Entry
Classification Type:	Vocational
Job Description:	
Salary Range:	$14.35/hour
Training Prerequisites:	Dental Assistant Requirements
Prerequisite Information	Dental Assisting
# of seats per training session:	60
# currently employed:	
Delivery Method:	Hands-On
Length:	40 Week
Funding for Training:	Tuition $1,900

Ward Clerk

Training Specific to Employer

Employer Address

Training Location:	Employer
Level of Classification Available:	Entry
Classification Type:	Vocational
Job Description:	
Salary Range:	$12.43 - $12.80/hour
Training Prerequisites:	On the Job
Prerequisite Information	Specific to Employer
# of seats per training session:	Not Applicable
# currently employed:	118
Delivery Method:	Workplace Training
Length:	Unknown
Funding for Training:	Unknown